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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000073136 (0)

UNIBEE CORPORATION

| Principal Place of Business Mailing Address 225 SHADOW BAY BOULEVARD. SOUTH 225 SHADOW BAY LONGWOOD FL 32779 LONGWOOD FL 32 | | | , Ladainari ing ishah biniy dalik basiy basiy 1660 lifol iyobs iyila bili (166 | |
|--|---|---|--|---|
| | | 225 SHADOW BAY LONGWOOD FL 33 | ⁷ Boulevard, South 2779 | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1995 |
| Principal Place of Business 2a. Mailing Address | | | 4. FEI Number Applied For | |
| Suite, Apt. 1 | t ata | 26 | | 59-3340208 Not Applicable |
| 22 | , 010, | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| City & State | | Crty & State | | Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be |
| Zipi | Country | Zip | Country | 8. This corporation has liability for intangible tax under s 199,032, |
| 24 | 25 | 29 | 30 | Florida Statutes 🔲 Yes 🔀 No |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agent |
| DEDNIC | TOM OLADVO | | 81 Name | |
| 225 SH | TEIN, GLADYS IADOW BAY BOLH EVADO GO | M ITU | 82 Street Add | fress (P.O. Box Number is Not Acceptable) |
| 225 SHADOW BAY BOULEVARD, SOUTH LONGWOOD FL 32779 | | 83 | | |
| 201101 | 10001602778 | | | |
| | | | 84 Gity | 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 607.050 | 02 and 607,1508, Florida Statu | tes the above-named corno | FL 65 Zip Code |
| or registere familiar with | d agent, or both, in the State of Flo | orida. Such change was authori | zed by the corporation's boa | ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am |
| | , and accept the obligations of, ob | cilori dei .0000, rionda Stalute | S. | |
| SIGNIATURE | | | | |
| SIGNATURE | ignatura, typed or printen name of registered age | | | |
| SIGNATURE | ignature, typed or printed name of registered age OFFICERS AI | | OTE: Registered Agent signature require | ed whon ruinslating) DATE |
| SIGNATURE | ignature, typed or printed name of registered ago OFFICERS AI PD | infland title if applicable (N | OTE. Registered Agent signature require | ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| SIGNATURE | ognature, by ed or printed name of registered ago OFFICERS AI PD BERNSTEIN, GLADYS | nt and trie if applicable IN ND DIRECTORS DELETE | OTE. Registered Agent signature require 13. | ad when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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