


**FILED**

**Jan 21, 1999 8:00am**

## Secretary of State

01-21-1999 90050 043 \*\*\*150.00

<p align="center"><b>PROFIT CORPORATION</b>  <b>ANNUAL REPORT</b>  <b>1999</b></p>		<p align="center">FLORIDA DEPARTMENT OF STATE  <b>Katherine Harris</b>          Secretary of State          DIVISION OF CORPORATIONS</p>																																																																								
<p><b>DOCUMENT # P95000095650</b></p>																																																																										
<p>1. Corporation Name  <b>UNBEHAGEN, INC.</b></p>																																																																										
<p>Principal Place of Business  <b>45 WEST TARPON AVENUE          TARPON SPRINGS FL 34689</b></p>		<p>Mailing Address  <b>45 WEST TARPON AVENUE          TARPON SPRINGS FL 34689</b></p>																																																																								
<p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City &amp; State</p> <p>23 Zip Country</p> <p>24</p>		<p>2a. Mailing Address</p> <p>26 Suite, Apt. #, etc.</p> <p>27 City &amp; State</p> <p>28 Zip Country</p> <p>29</p>																																																																								
<p>9. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <p><b>UNBEHAGEN, ROGER J</b>  <b>45 WEST TARPON AVENUE</b>  <b>TARPON SPRINGS FL 34689</b></p> </td> <td style="width: 20%; padding: 5px;"> <p>81 Name</p> <p>82 Street Address</p> <p>83</p> <p>84 City</p> </td> </tr> </table>			<p><b>UNBEHAGEN, ROGER J</b>  <b>45 WEST TARPON AVENUE</b>  <b>TARPON SPRINGS FL 34689</b></p>	<p>81 Name</p> <p>82 Street Address</p> <p>83</p> <p>84 City</p>																																																																						
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<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation or its agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</p>																																																																										
<p><b>SIGNATURE</b></p> <p align="center"><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small></p>																																																																										
<p align="center"><b>12. OFFICERS AND DIRECTORS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <p><b>DVPS</b> <input type="checkbox"/> DELETE</p> <p><b>UNBEHAGEN, ROGER J</b></p> <p><b>210 HOLLOW OAK CT</b></p> <p><b>TARPON SPRINGS FL 34689</b></p> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <p><b>DPT</b> <input type="checkbox"/> DELETE</p> <p><b>UNBEHAGEN, LOIS A</b></p> <p><b>210 HOLLOW OAK CT</b></p> <p><b>TARPON SPRINGS FL 34689</b></p> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <p><input type="checkbox"/> DELETE</p> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <p><input type="checkbox"/> DELETE</p> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <p><input type="checkbox"/> DELETE</p> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <p><input type="checkbox"/> DELETE</p> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	<p><b>DVPS</b> <input type="checkbox"/> DELETE</p> <p><b>UNBEHAGEN, ROGER J</b></p> <p><b>210 HOLLOW OAK CT</b></p> <p><b>TARPON SPRINGS FL 34689</b></p>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<p><b>DPT</b> <input type="checkbox"/> DELETE</p> <p><b>UNBEHAGEN, LOIS A</b></p> <p><b>210 HOLLOW OAK CT</b></p> <p><b>TARPON SPRINGS FL 34689</b></p>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<p><input type="checkbox"/> DELETE</p>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<p><input type="checkbox"/> DELETE</p>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<p><input type="checkbox"/> DELETE</p>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<p><input type="checkbox"/> DELETE</p>		NAME			STREET ADDRESS			CITY-ST-ZIP		
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (727) 934-7759

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (11/98)