FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096006 (8)

UNISYN U.S., INC.

FILED Apr 17 1998 8:00am Secretary of State

ONIOTIA D.S., NAC.							
Principal Place of Business	Mailing Address				Near Adina anata mah	i bûşil bolik û	(() (0))
1200 SOUTH PINE ISLAND ROAD #100 PLANTATION FL 33324		1200 SOUTH PINE ISLAND ROAD #100 PLANTATION FL 33324		DO NOT WRIT	E IN THIS SPA	CE	
				3. Date Incorporated or Qualified			
				12/15/1995			
2. Principal Place of Business	2a. Mailing Address	s		4. FEI Number		Applie	ed For
21	26			65-0635849		Not A	Applicable
Suite, Apt. #, etc.	Suite, Apl. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$	8.75 Add	
22	27			G. Commente of States Dearror		Fee Requi	ilred
City & State	City & State			6. Election Campaign Financing		\$5.00 ма	,
23	[28]	County		Trust Fund Contribution		Added to F	
Zip Country	Zip	Countr	У	8. This corporation owes or has p	_		
24 25 Name and Address of	29 1 Current Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R		<u> </u>	40
SCHWEIGER, LARRY B.		81	Name	10.	-5.00.		
1200 SOUTH PINE ISLAND	POAD #100	<u> </u> _					
PLANTATION FL 33324	NOAD #100	82	Street Addr	ess (P.O. Box Number is Not Accepta	ıble)		
FEMILION FE 35324		83	, 				
		84	City		FL ⁸	5 Zip Cod	de
Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of ref.		Statutes, the above was authorized bio 05, Florida Statute			purpose of cha ept the appoint	inging its reg	agistered gistered
	ERS AND DIRECTORS	13.	Jenn signatura redom	ADDITIONS/CHANGES TO OFFI		RECTORS	N 12
TITLE CEO	DELET			ADDITIONAL OF THE OFFI			Addition
NAME SCHWEIGER, LARRY	В	12 NAME	ŧ			•	
STREET ADDRESS 1200 S PINE ISLAND			T ADDRESS				
CITY-ST-ZIP PLANTATION FL		1.4 CITY -	1				
TITLE	DELET					Change [Addition
NAME		2.2 NAME					
STREET ADDRESS		2 3 STREE	T ADDRESS				
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP				
TITLE	☐ DELET	TE 3.1 TATLE				Change [Addition
NAME		3.2 NAME	1				
STREET ADDRESS		3.3 STRÉE	T ADDRESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP			<u> </u>	
TITLE	☐ DELE1	TE 4.1 TITLE				Change L	Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREE	T ADDRESS				i
CITY - ST - ZIP		4.4 CITY-	ST-ZIP				
TITLE	DELET	TE 5.1 TITLE				Change [Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREE	T ADDRESS				
CITY-ST-ZIP		5.4 CITY-	ST-ZIP				
TITLE	☐ DELET	FE 6.1 TITLE			Ш	Change L	Addition
NAME		6.2 NAME					
STREET ADORESS		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	- C- 4 - 20 - Al-1- Al-1-	6.4 CITY-		Section 110 07/2Vi) Florida Statutos		AL COLOR	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the copional in or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chyling the original attachment with an address.

SIGNATURE

-4/13/98

954-473-8850