

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000097912 (6)

1. Corporation Name  
UNIGROUP, INC.

Principal Place of Business

100 S. ASHLEY DR.  
1770  
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DR.  
1770  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-3349620	
24		25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30		31			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIPPIN, DAVID 100 S. ASHLEY DR. 1770 TAMPA FL 33602		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  PRESIDENT DATE: 4/6/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	PIPPIN, DAVID E	1.2 NAME	RICHARD COLLINS MAGANN
STREET ADDRESS	306 W. BATES ST.	1.3 STREET ADDRESS	602 N. MERRIN ST
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	PLANT CITY, FLORIDA 33566
TITLE	ST	2.1 TITLE	VP
NAME	PIPPIN, DAVID E	2.2 NAME	PATRICK B. SIMMONS
STREET ADDRESS	306 W. BATES ST.	2.3 STREET ADDRESS	100 S. ASHLEY DR #1770
CITY-ST-ZIP	PLANT CITY FL 33566	2.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP	3.1 TITLE	VP
NAME	LEWIS, CARL B	3.2 NAME	MARGARET H. PACICH
STREET ADDRESS	100 S. ASHLEY DR. #1770	3.3 STREET ADDRESS	100 S. ASHLEY DR #1770
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	KAROL SISTRUNK
STREET ADDRESS		4.3 STREET ADDRESS	100 S. ASHLEY DR #1770
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 oath; that I am an officer or director of the corporation or the receiver or 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 changed, or on an attachment with an address.

SIGNATURE:  PRESIDENT DATE: 4/6/98

CR2E034 (10/97)