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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000022227 (8)
1. Corporation Name
UNITY ENTERPRISES, INC.



Principal Place of Business: 2601 GULF BLVD INDIAN ROCKS BEACH FL 33785
Mailing Address: 2601 GULF BLVD INDIAN ROCKS BEACH FL 33785-3128

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 03/07/1996
3a. Date of Last Report
4. FEI Number: 65-0653546 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No

9. Name and Address of Current Registered Agent
CHOWDHURY, HASNAT M
~~525-B AUBURN CIRCLE WEST
DELRAY BEACH FL 33444~~
13300 WAL SINGHAM ROAD # 61
LARGO, FL. 33770

10. Name and Address of New Registered Agent
81 Name: SAME OFFICER, ONLY CHANGED ADDRESS
82 Street Address (P.O. Box Number is Not Acceptable): 13300 WAL SINGHAM ROAD # 61
83
84 City: LARGO FL 85 Zip Code: 33770

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: *H Chowdhury* HASNAT M. CHOWDHURY, PRESIDENT 4-10-97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOWDHURY, HASNAT M	
STREET ADDRESS	525-B AUBURN CIRCLE WEST	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOWDHURY, MOHAMMAD H	
STREET ADDRESS	525-B AUBURN CIRCLE WEST	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOWDHURY, MOHAMMAD T	
STREET ADDRESS	525-B AUBURN CIRCLE WEST	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13300 WAL SINGHAM ROAD # 61
1.4 CITY - ST - ZIP	LARGO, FL. 33770
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13300 WAL SINGHAM ROAD # 61
2.4 CITY - ST - ZIP	LARGO, FL. 33770
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13300 WAL SINGHAM ROAD # 61
3.4 CITY - ST - ZIP	LARGO, FL. 33770
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *H Chowdhury* HASNAT M. CHOWDHURY 4-10-97 (813) 595-8913
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)