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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u> 1998</u>

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DOCUMENT # P9600046065 (4)

UNITED DESIGNS, INC.

## FILED May 01 1998 8:00am Secretary of State



Mailing Address Principal Place of Business \$161 118TH AVENUE NORTH ST. PETERSBURG FL 33716 5067 WHITE PINE CIRCLE N.E. ST. PETERSBURG FL 33703-6212 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1996 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Numbe 4033 35th 5th 4033 26 59-3381325 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing Sc. Pel Trust Fund Contribution Added to Fees 28 County Zιο This corporation owes or has paid the current year Intangible 30 Pinellas 25 Pinellas 33 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ai Name PORTER, DAVID A 5067 WHITE PINE CIRCLE N.E. Street Address (P.O. Box Number is Not Acceptable) 82 ST. PETERSBURG FL 33703 B3 84 City Zip Code 11. Pursuant to the provisions of Soctions 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 418198 Porter ered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE D 1.1 TITLE PORTER, Gregory C POETER, GREGORY C NAME 1.2 NAME **537 GLEN OAK STREET** STREET ADORESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 1.4 CITY - ST - ZIP CITY-SY-ZIP DELETE Change Addition TITLE 2.1 TITLE **PORTER, DAVID A** NAME 2.2 NAME **5067 WHITE PINE CIRCLE NE** STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33703 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE ☐ Addition NAME O'BRIEN, JOHN P 3.2 NAME **524 39TH AVENUE NORTH** STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL 33703 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE PORTER, KATHLEEN A NAME 4.2 NAME **5067 WHITE PINE CIRCLE NE** STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL 33703 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

4/8/98

812-527-4197

CICMATURE.