## 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 # P96000067740 (6)

UNITED FUNDING CORPORATION

Principal Place of Business

Mailing Address

## FILED Mar 24 1998 8:00am Secretary of State



1878 OAK PAI CLEARWATER	RK DRIVE EAST FL 34624	1679 OAK PARK DRIVE E CLEARWATER FL <b>34624</b>	AST	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified  08/14/1996
2. Principal Place of Business 2s. Mailing Address				4. FEI Number Applied For
21 2000	West Bay Dr.	26 1679 Oak I	Park Dr. I	59-3394462 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State 23 Large	o, FL	City & State  28 Clearwater	FL.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 337		Zφ 29 33764	Country  30 Pinella	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
O'CONNOR, PATRICK M. O'Connor				
in the state of th				Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34624				2240 Belleair Rd. Ste 160
			84 City	Clearwater FL 85 Zip Code 33764
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				
0,0.17,0.12	Signature, typed or ponted name of registered ager			e required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change X Addition
TITLE	D	☐ DELETE	1.1 TITLE	D Anthony T. McCall □ Change ☑ Addition
NAME	MCCALL, PAMELA K		1.2 NAME	
STREET ADDRESS	1679 OAK PARK DRIVE EAST		1.3 STREET ADDRESS	1679 Oak Park Dr. E
CITY-ST-ZIP	CLEARWATER FL 34624	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Clearwater, FL 33764
TITLE				Orialige Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
ì			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Addition
NAME		<del></del>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TALE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELE <b>te</b>	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

4. 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

2/10/98 812-586-562