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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998

DOCU	MENT # P9600	00694	32 (8))						
	UTO RESOURCES, INC.		` '	•						
וווור	IOTO RESCONCES, INC.						C FRANCISMOS DIR TRIAN RUCCI ARCO MARIS	CEILL BEICE BING	. 1 61 11 21628 11	IET 1181 128F
Principal Plac	e of Business	Mailing A	ddress				- [IBINE BREEF BANK		410 1101 1EB†
1655 PALM BEACH LAKES BLVD. 1655 PALM BEACH LAKES										
SUITE 510 SUITE 510				_						
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3				. 33401	3401		DO NOT WRIT	E IN THIS S	PACE	
							3. Date incorporated or Qualified 08/20/1996			
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number		ΙΔε	plied For
21		⊢ ¬	26				65-0694123		1 1	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					5. Certificate of Status Desired	Ц	Fee Re	quired
City & Stat	e	City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Zip	Country	Zip		Country	ř		8. This corporation owes or has p	کوستر. م		angible No
24	25 25 Name and Address of Curre	29 nt Registered 4	laent	30			Personal Property Tax due Juni 10. Name and Address of New R] 1/10
FHS CORPORATE SERVICES, INC.							10. 11	<u> </u>	3	
	780 U.S. HIGHWAY ONE	•			2.					
NORTH PALM BEACH FL 33411				82	Street /	Adares	ss (P.O. Box Number is Not Accepta	.ble)		
				83						
				84	City				Test Zin (Code
								FL	1, 1	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508	3, Florida Statu	tes, the above	a-named	corpo	ration submits this statement for the n's board of directors. I hereby acce	purpose of	changing it	s registered
agent. I a	m familiar with, and accept the oblig	ations of, Section	n 607.0505, Fl	orida Statute	, me cort)O1 2(10	irs board of directors, rifereby acce	prine appo		·
SIGNATURE		·			·		· · · · · · · · · · · · · · · · · · ·		·	·
12.	Signature, typed u	ant and title if applicate DIRECTORS	ble. "VO"	TE: Registered Age	ent signature	required	ADDITIONS/CHANGES TO OFFI	CEDS AND	DIDECTOR	C INI 10
TITLE	SC	D DIFFIC TO NO	DELETE	1.1 TITLE		V	ADDITIONO/CHANGES TO OFFI	CEUS VIAD	Change	Addition
NAME	CUILLO, ROBERT			1,2 NAME		ma	GINTY, Edmond P RO N. Congress Ave #EI	o5 °		
STREET ADDRESS	1296 N LAKEWAY			1.3 STREET	ADDRESS	183	20 N. Congress AVE	_		
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY - S	T-ZIP	we	est BALM Beach FL	33401		
TITLE	D		DELETE	2.1 TITLE					Change	Addition
NAME	BOTCHMAN, JAY			2.2 NAME						
Street address	565 TAXTER RD			2.3 STREET	ADDRESS		• -	¥		
CITY - ST - ZIP	NEW YORK NY 10523-2300			2. 4 CITY - 5	ST-ZIP					
TITLE	PO		DELETE	3.1 TITLE	-			ſ	Change	Addition
NAME	BAUMANN, KEVIN 2500 PRESIDENTAL WAY #4	104		3.2 NAME						ļ
STREET ADDRESS	WEST PALM BEACH FL 3340			3.3 STREET						
CITY-ST-ZIP	V		DELETE	3.4. CITY - 5	SI-ZIP			1	Change	Addition
NAME	RITTS, WILLIAM H III			4. 2 NAME				•		
STREET ADDRESS	1160 CORAL WAY			4.3 STREET	ADDRESS					
CITY-ST-ZIP	SINGER ISLAND FL 33404			4.4 CITY-S						
TITLE	V		≥ DELETE	5.1 TITLE					Change	Addition
NAME	SHELTON, JAMES			5.2 NAME	[
STREET ADDRESS	421 BIRCH ST.			5.3 STREET	ADDRESS					
CITY-ST-ZIP	MACCLENNY FL 32063	·		5.4 CITY - S	T-ZIP			-		
TITLE	V		DELETE	6.1 TITLE				I	Change	Addition
NAME	MCGINTY, EDMOND P			6.2 NAME						
STREET ADDRESS	1400 VILLAGE BLVD. #615	vo.		6,3 STREET	- 1					
CITY-ST-ZIP WEST PALM BEACH FL 33409 6.4 CITY-ST-ZIF 14. I hereby certify that the information supplied with this filing does not qualify for the exemption						d in S	ection 119 07/3)(i) Florida Statutos	further cort	ify that the	Information
IN. FIGURES	cimia nior nio uno montenon anbhiten m	in a read time in the end	ço not qualify i	or the events	ייטיו טופוניי	~ " " ~ "	oodon a rotor (o)(i), i ronda otatutes, j		س بناحید بدن⊸	OFFICIALION

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:

FILED

Jan 23 1998 8:00am