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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT #          | P96000073110  | (4)        |
|---------------------|---------------|------------|
| 1. Corporation Name | . 55555010110 | <b>\''</b> |

UL-16. INC.

## FILED Jan 14 1997 8:00am Secretary of State

| Principal Place of Busine<br>1512 E BROWARD BLVD.<br>FT LAUDERDALE FL 3330   | SUITE 201                               | Mailing Address<br>1512 E BROWARD B<br>FT LAUDERDALE FL |   |  |                                       |                                       |                              |
|--|---|---|---|--|---------------------------------------|---------------------------------------|------------------------------|
|  |   |   |   | 3. Date Incorporated or 0 08/29/1996   | Qualified <b>3a.</b> Da               | ate of Last F                         | Report                       |
| 2. Principal Place of Bus  |   | 2a. Mailing Address                                     |   | 4. FEI Number<br>65-0693463  |                                       | F                                     | oplied For                   |
| 21 1760 SE 10th<br>Suite, Apt. #, etc  | Street                                  | 26 1760 SE 10<br>Suite, Apt #, etc                      | th Street   | 05-0093403   |                                       | <del></del>                           | ot Applicable                |
| 22   |   | 27  | •   | 5. Certificate of Status De  | esired 🔲                              |                                       | Additional<br>equired        |
| City & State   | *************************************** | City & State  | ·····   | 6. Election Campaign Fin   | ancing                                | \$5,00                                | May Be                       |
| 23 Ft. Lauderda  |   | 28 Ft. Lauder   |   | Trust Fund Contribution  | n 🗆                                   |                                       | to Fees                      |
| Ζφ<br>- 12221 6 1404   | Country                                 | Zip   | Country   | 8. This corporation has li   |                                       |                                       | . 199.032,                   |
| 24 33316-1424  | 25 USA<br>and Address of Currer         | 29   33316-1424   | 30 USA  | Florida Statutes  10. Name and Address of                                    | Yes [                                 |                                       | <del></del>                  |
| ALLEN, EDW/  |   | it riegistered Agent                                    | 81 Name   |  | i itow riegistereo                    | Agoin                                 |                              |
|  | iad a<br>/ARD BLVD, SUITE 20            | 11  |   | Edward R. Alle   | n                                     |                                       |                              |
|  | ALE FL 33301-2146                       | '•  | 82 Stree  | Address (P.O. Box Number is Not<br>1760 SE 10th S                            |                                       |                                       |                              |
| וו בחטטבווטי   | 12, 12, 0000 12140                      |   | 83  | 1/00 30 10 11 3  | LIGEL                                 |                                       |                              |
|  |   | •   | 84 00   |  | <del></del>                           | -   -   -   -   -   -   -   -   -   - | Code                         |
|  | /' -                                    |   | 84 City   | Ft. Lauderdale   | . FL                                  | .   વિવે                              | Code<br><b>316-142</b>       |
| 11. Pursuant to the provi  | sions of Sections 607.050               | 02 and 607.1508 Florida S                               | tatutes, the above-name   | d corporation submits this statemer<br>rporation's board of directors. I her | nt for the purpose o                  | changing i                            | ts registered                |
| office or registered a<br>agent. I am familiar   | gent or both, in the state              | e af Pouda Such change v<br>lations of Section 607.050  | was authorized by the co<br>5, Florida Statutes.  | rporation's board of directors. I her  | eby accept the app                    | ointment as                           | registered                   |
| بعدمي  | U ///                                   |   |   |  | 1./ 2                                 | 1991                                  | 7                            |
|  |   |   |   | _  | VAN Di                                | ~ / / /                               |                              |
|  | d or printed name of registered ag      |   | (NOTE: Registered Agent signatu   |  | DATE DATE                             | (1/                                   |                              |
| Signatine, type  |   | ID DIRECTORS  | 13.   | re required when reinstating)  ADDITIONS/CHANGES                             | DATE TO OFFICERS AND                  |                                       |                              |
| Stgmat.no. type  12.  TITLE  |   |   | 13.<br>1.1 TITLE  | ADDITIONS/CHANGES PSD  | · · · · · · · · · · · · · · · · · · · | DIRECTOR  Change                      | RS IN 12                     |
| Signature Type  12.  THLE  NAME  |   | ID DIRECTORS  | 13.<br>1.1 TITLE<br>1.2 NAME  | ADDITIONS/CHANGES PSD Edward R. Alle   | n                                     |                                       |                              |
| SIGNATION TYPE  TITLE  NAME  STREET ADDRESS  |   | ID DIRECTORS  | 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS   | ADDITIONS/CHANGES PSD Edward R. Alle 1760 SE 10th S                          | n<br>treet                            |                                       |                              |
| Signature, Type  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |   | ID DIRECTORS  DELETÉ                                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY: ST-ZIP  | ADDITIONS/CHANGES PSD Edward R. Alle   | n<br>treet                            |                                       | Addition                     |
| Signature, Type  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  |   | ID DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE  | ADDITIONS/CHANGES PSD Edward R. Alle 1760 SE 10th S                          | n<br>treet                            |                                       |                              |
| Signative, Type  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  |   | ID DIRECTORS  DELETÉ                                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME   | PSD Edward R. Alle 1760 SE 10th S Ft. Lauderdale                             | n<br>treet                            |                                       | Addition                     |
| Signative, Type  12.  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  |   | ID DIRECTORS  DELETÉ                                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   | PSD Edward R. Alle 1760 SE 10th S Ft. Lauderdale                             | n<br>treet                            |                                       | Addition                     |
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I. 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 33 obtained or on amountachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97 Date

954-524-4741 Daylime Phone #