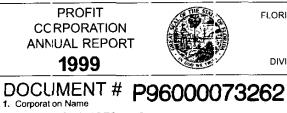
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 047 ***150.00

U-NEEK	. SERVICES, INC.							
Principal Plac	ce of Business	Mailing Address				1 1165106: 110 1816 816: 8816 6811 8814 881		IONE EINIO INEI 1001
8321 SAND PO ORLANDO FL	DINT BLVD	P O BOX 691835 ORLANDO FL 32869-1835						
US US .						- DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed 08/26/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Nu nber		App ied For
21		26				00 00 00001		Not Applicable
Suite, Aբ t. #, etc. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State				6. Election Campaign Financing S5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year I	ntangible	_
24	25	29	30			Personal Property Tax.	Yes_	Ç A No
	9. Name and Add ess of Curr	ent Registered Agent		T		10. Name and Address of New Registere	d Agent	
				81	Name			ļ
OLP, CAROLYN W				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
	1 SANDPOINT BLVD							
ORI	LANDO FL 32819			83				
				84	City		85 Z	ip Code
					'	F poration submits this statement for the purpose	┕╵╎	
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NO				red when reinstating) DATE		
12.	, <u> </u>	ANI: DIRECTORS				ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	DLP, CAROLYN W		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			☐ Chan	ge [] Addition
NAME								
STREET ADDRESS	8321 SAND POINT BLVD		13					
CITY-ST-ZIP	ORLANDO FL 32819			CITY-S	T-ZIP		Chan-	ge Addition
TITLE	·-	☐ DELETE	2.1 TITLE 2.2 NAME				L. Crian	ge
NAME								
STREET ADDRESS	S				TADDRESS			
CITY-ST-ZIP	 	☐ DELETE		CITY-S	ST-ZIP		Chan	ge Addition
TITLE		☐ hereie		TITLE				go 🗀 (10011011
NAME			1	NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		□ DELETE		CITY-S TITLE	51-ZIP		☐ Chan	ge Addition
TITLE								ge
NAME				NAME	T ADDOESS			
STREET ADDRESS	5				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CIT TE 5.1 TITL		1-ZIP		Chan	ge
TITLE		- Detert		NAME				
NAME CTREET ADDRESS	,				TADDRESS			
STREET ADDRESS	<u>'</u>			CITY-S				
CITY-ST-ZIP	 		5.4					
TITLE NAME			6.1	TITLE			Chan	ge Addition
		☐ DELETE		TITLE NAME			Chan	ge Addition
		☐ DELETE	6.2	NAME	T ADDRESS		☐ Chan	ge Addition
STREET ADORESS	3	□ DELETE	6.2 6.3	NAME	T ADDRESS		Chan	ge Addition

14. I heretry certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CAROLYN W. OLP PRESIDENT 4/26/99 (407)363-