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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074791 (0)

1. Corporation Name
UNITERM, INC.

Principal Place of Business
2027 OWENBY DRIVE
TALLAHASSEE FL 32308

Mailing Address
POST OFFICE BOX 13116
TALLAHASSEE FL 32317-3116



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1996	3a. Date of Last Report N/A
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CAMPBELL, MICHAEL S
2027 OWENBY DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: *Michael S. Campbell* Michael S. Campbell 4/14/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MICHAEL S	1.2 NAME	
STREET ADDRESS	2027 OWENBY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	1.4 CITY - ST - ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, AMY	2.2 NAME	
STREET ADDRESS	2027 OWENBY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	2.4 CITY - ST - ZIP	
TITLE	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Michael S	3.2 NAME	
STREET ADDRESS	2027 OWENBY DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	Tallahassee, FL 32308	3.4 CITY - ST - ZIP	
TITLE	secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Amy	4.2 NAME	
STREET ADDRESS	2027 OWENBY DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	Tallahassee, FL 32308	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael S. Campbell* 1/29/97 904-877-7869
Signature typed or printed name of signing officer or director Date Daytime Phone #