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Mar 03 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 # P96000084313 (1)

1. Corporation Name  
UNLIMITED MANAGEMENT, P.A.



Principal Place of Business  
STE. 1203, 2200 W. GLADES RD.  
BOCA RATON FL 33431

Mailing Address  
STE. 1203, 2200 W. GLADES RD.  
BOCA RATON FL 33431-7357

3. Date Incorporated or Qualified 10/11/1996  
3a. Date of Last Report

2. Principal Place of Business 21 822 E. ATLANTIC Ave.  
2a. Mailing Address 26 777 E. ATLANTIC Ave

4. FEI Number 65-0702014  
Applied For Not Applicable

Suite, Apt. #, etc. 22  
27 Z-177

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23 Delray Beach FL  
28 Delray Beach FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip 24 33483  
Country 25 USA  
Zip 29 33483  
Country 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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: John Digirolomo  
Signature of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 2/26/97

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for DIGIROLOMO, JOHN T.

Table with 13 columns: 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, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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, unchanged, or on an attachment with an address.

SIGNATURE: John Digirolomo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/26/97 DAYTIME PHONE #: 561-278-7370

CR2E034 (9/96)