

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 SEP 11 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name
9900008360
UNITAL Inc.

Principal Place of Business: *From Me To You*
Mailing Address: *4773 W Atlantic Ave*
Delray Beach FL 33445

2 Principal Place of Business: *From Me To You*
26 Mailing Address: *4773 W Atlantic Ave*
27 Suite, Apt. #, etc.:
22 *4773 W Atlantic Ave*
27 City & State: *Delray Beach FL*
23 *Delray Beach FL*
24 Zip: *33445* Country: *USA*
28 *USA* 29 *33445* 30 *USA*

3. Date Incorporated or Qualified: *10/24/96*
36. Date of Last Period: *N/A*
4. FEI Number: *65-0698856*
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
Michael Coladony
2000 W Commercial Blvd St 232
FL Lauderdale FL 33309

10. Name and Address of New Registered Agent:
81 Name: *Nina Goldbery*
82 Street Address (P.O. Box Number is Just Applicable): *4773 W. Atlantic Ave*
83
84 City: *Delray Beach* FL 85 Zip Code: *33445*

11. Pursuant to the provisions of Sections 807.0502 and 807.1506, 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 807.0505, Florida Statutes.
SIGNATURE: *Nina Goldbery* DATE: *9/10/97*

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Nina Goldbery</i>	
STREET ADDRESS	<i>624 Cambridge Terrace</i>	
CITY-STATE-ZIP	<i>Weston FL 33326</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>700002293477</i>
2.3 STREET ADDRESS	<i>-09/15/97--01134--004</i>
2.4 CITY-STATE-ZIP	<i>***550.00 ***550.00</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Nina Goldbery* DATE: *9/10/97*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9-96)