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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000100972 (4)

1. Corporation Name

UNITED REALTY INVESTMENTS, INC.

Principal Place of Business

931 N. STATE ROAD 434
SUITE 1200-240
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 N. STATE ROAD 434
SUITE 1200-240
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

59-3418599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 931 N. STATE ROAD 434

Suite, Apt. #, etc.

22 SUITE 1201-240

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32714

Country

25 USA

2a. Mailing Address

26 931 N. STATE ROAD 434

Suite, Apt. #, etc.

27 SUITE 1201-240

City & State

28 ALTAMONTE SPRINGS, FL

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
2699 LEE ROAD
SUITE 540
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

MURPHY, MICHAEL T

82 Street Address (P.O. Box Number is Not Acceptable)

931 N. STATE ROAD 434

83

SUITE 1201-240

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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 T. Murphy MICHAEL T. MURPHY, PRES. & TREAS.

4/29/98

Signature, type or print name of agent and date and file of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
MURPHY, MICHAEL T
STREET ADDRESS 931 N. STATE ROAD 434, SUITE 1201-240
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME VD
MURPHY, LAURA R
STREET ADDRESS 931 N. STATE ROAD 434, SUITE 1201-240
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 checked, or on an attachment with an address.

SIGNATURE:

Michael T. Murphy MICHAEL T. MURPHY 4/29/98 (407) 889-0363

CR2E034 (10/97)