


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90012 010 ***550.00

DOCUMENT # **P96000102396**
Corporation Name
UNSET SPECIALTIES & PRINTING SERVICES, INC.



Principal Place of Business SOUTH ORANGE AVENUE ORLANDO FL	Mailing Address 2503 SOUTH ORANGE AVENUE ORLANDO FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1996	
4. FEI Number 59-3415867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 2938 Forsyth Rd	2a. Mailing Address 2938 Forsyth Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792	Zip 32792
Country	Country

9. Name and Address of Current Registered Agent

**CALIFAR, JEFFREY L
1010 PACES CIRCLE
APARTMENT 214
APOPKA FL 32703**

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

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	ST-ZIP	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		CALIFAR, JEFFREY L		1.2 NAME			
		4804 CEDAR BAY ST		1.3 STREET ADDRESS			
		ORLANDO FL		1.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		CALIFAR, TIMOTHY J		2.2 NAME			
		4804 CEDAR BAY ST		2.3 STREET ADDRESS			
		ORLANDO FL		2.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address.

SIGNATURE: **Jeffrey L. Califar** **9-10-99 (407) 657-2844**

CR2E034 (5/99)