

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

FILED
May 23 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 # P96000104565 (2)
 1. Corporation Name
UNION 96, INC.



Principal Place of Business: **1306 NW 125TH TERR SUNRISE FL 33323**
 Mailing Address: **1306 NW 125TH TERR SUNRISE FL 33323-3127**

3. Date Incorporated or Qualified: **12/31/1996**
 3a. Date of Last Report: []
 4. FEI Number: **65-0723474**
 Applied For: []
 Not Applicable: []
 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

2. Principal Place of Business: **18085 NW 27 AVE**
 Suite, Apt. #, etc.: []
 2a. Mailing Address: **18085 NW 27 AVE**
 Suite, Apt. #, etc.: []
 22. City & State: **MIAMI FL**
 27. City & State: **MIAMI FL**
 23. Zip: **33326** Country: **U S**
 28. Zip: **33056** Country: **U S**
 24. [] 25. [] 29. [] 30. []

9. Name and Address of Current Registered Agent
COHN, ALAN B
2021 TYLER ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name: **HALRIC E. FLETCHER**
 82 Street Address (P.O. Box Number is Not Acceptable): **1306 NW 125 TERR**
 83 []
 84 City: **SUNRISE** FL 85 Zip Code: **33323**

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: *Halric E. Fletcher* (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FLETCHER, HALRIC E
STREET ADDRESS	1306 NW 125TH TERR
CITY - ST - ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> DELETE
NAME	FLETCHER, LYDWEINE
STREET ADDRESS	1306 NW 125TH TERR
CITY - ST - ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> DELETE
NAME	LAWRENCE, ROSE M
STREET ADDRESS	1306 NW 125TH TERR
CITY - ST - ZIP	SUNRISE FL 33323
TITLE	D <input type="checkbox"/> DELETE
NAME	REID, SANDRA
STREET ADDRESS	1306 NW 125TH TERR
CITY - ST - ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra A. Reid* DATE: **4/15/96** (607) 625-2098 Daytime Phone # 6065122

CR2E034 (9/96)