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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006751

1. Corporation Name

UMC EQUITY CORP.

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Principal Place of Business Mailing Address								
2300 GLADES ROAD 2300 GLADES ROAD								
SUITE 100E SUITE 100E						DO NOT WRITE IN THIS	SPACE	
BOCA RATON FL 33431 BOCA RATON FL 33431			1			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US US						01/21/1997		
a Deineinal D	lead of Puninger	2a, Mailing Address				4 FEI Number	Apr	lied For
						65-0726405		Applicable
21	<u> </u>	Suite, Apt. #, etc.				03 0120400	\$8.75 A	
				5. Certifcate of S		5. Certifcate of Status Desired	atus Desired Fee Required	
22		City & State				a Floring Compaign Financing	\$5.00	·
City & State	e	28				6. Election Campaign Financing Trust Fund Contribution	Added to	
23	Country	Zip	Co	untry	,	8. This corporation owes the current year In:		
Žip		555)			Personal Property Tax.			
24	25	root Registered Agent	[30]	\neg	-1/	10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent					Name	(e. manie and manies of the Hogistere		
GRE	ENFIELD, WILLIAM R			81	Name	<u> </u>		
2300 GLADES ROAD				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 100E				-				
BOCA RATON FL 33431				83				
				84	City	85 Zip Code		
					,	<u></u>	-	
office or r	egistered agent or both in the St	ate of Florida. Such change wa	as authonze	vd be	the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its r intment as reg	egistered jistered
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.0505,	Florida Sta	tutes	i. '	•		
SIGNATURE	•.							
	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·		<u> </u>	nt signature requi	red when reinstating) DATE	ID DIRECTO	
12.		AND DIRECTORS	13	 -		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLÉ	D	☐ DELETE		TITLE			Change	☐ Yaqııson
NAME GREENFIELD, WILLIAM R								
SINCE PARKET				STREET	T ADDRESS		•	
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE	. ,	☐ DELETE	2.1	TITLE		,	Change	Addition
NAME			2.21	NAME	-			
STREET ADDRESS	, i		2.3	STREE	T ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1	TITLE			Change	☐ Addition
NAME			3.21	VAME		•		
STREET ADDRESS	£ ,		3.33	STREE	T ADDRESS	·		
-			•	CITY-S		•		
CITY-ST-ZIP		☐ DELETE		TITLE	11- CIF	A CONTRACTOR OF THE CONTRACTOR	Change	☐ Addition
j	,	٠ .		NAME				_
NAME	,				T + DODE-CC			
STREET ADDRESS	I		■ 4.3	SIREE	TADDRESS			

6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

☐ DELETE

DELETE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 006 ***150.00

☐ Addition

☐ Addition

Change

☐ Change