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

P**ro**fit Corp**o**ration **Annual** Report

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012212 (1)

UNTERHALTER & CO., INC.

Principal Place of Business Mailing Address 11924 FOREST HILL BLVD. 13472 HYACINTH COURT WELLINGTON FL 33414 SUITE 22 - 168 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 02/01/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes of has paid the current ear Intangible 24 Personal Property Tax due June 30. Yes 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWARTZ, HEIDI 13472 HYACINTH COURT 82 Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 City Zip Code ns of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in 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 and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision Pursuant to trap pro-office or registered age しゃといけ SIGNATURE agent and the dappe OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change Addition eidi Swartz NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 77 Ayaanth 4 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TETLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP ■ DELETE 31 THLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - \$1 - Z(P TICLE 18 TITLE Change Addition 511008 NAME 5.2 NAME **STREET ADDRESS** 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DLLETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby contify 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 supplience that an uncertainty is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, do on an attachment with an address.

64 CITY-ST-ZIP