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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P97000022763 (1)

1. Corporation Name
UNITED GROUP INVESTMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6717 MILLAY DRIVE ORLANDO FL 32809	6717 MILLAY DRIVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1997

2. Principal Place of Business 21: 203 PARK PLACE	2a. Mailing Address 26: 203 PARK PLACE ~~Oldsmar FL~~
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Oldsmar FL	City & State 28: Oldsmar FL
Zip 24: 34677 · Country 25: Pinellas	Zip 29: 34677 · Country 30: Pinellas

4. FEI Number: 59-3442507 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NELSON, LEE
6717 MILLAY DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: LAURENT VALLES
82 Street Address (P.O. Box Number is Not Acceptable): 203 PARK PLACE
83
84 City: Oldsmar FL 85 Zip Code: 34677

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T ☑ DELETE	L	1.1 TITLE T ☐ Change ☑ Addition	
NAME	LEE NELSON	1.2 NAME	LAURENT VALLES
STREET ADDRESS	6717 MILLAY DR	1.3 STREET ADDRESS	203 PARK PLACE
CITY-ST-ZIP	ORLANDO, FL 32809	1.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE VP ☑ DELETE		2.1 TITLE VP ☐ Change ☑ Addition	
NAME	John Tufts	2.2 NAME	Roy Rodriguez
STREET ADDRESS	3120 Southwest 65th AVE	2.3 STREET ADDRESS	4134 Foss Rd
CITY-ST-ZIP	MIRAMAR, FL 33023	2.4 CITY-ST-ZIP	LAKE WORTH, FL. 33461
TITLE ☐ DELETE		3.1 TITLE VP ☐ Change ☑ Addition	
NAME		3.2 NAME	BRIAN COX
STREET ADDRESS		3.3 STREET ADDRESS	5143 ~~Caspar~~ CASPAR AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Los Angeles, CA 90041
TITLE ☐ DELETE		4.1 TITLE VP ☐ Change ☑ Addition	
NAME		4.2 NAME	KEN DAVIS
STREET ADDRESS		4.3 STREET ADDRESS	202 Woodhall DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE ☐ DELETE		5.1 TITLE VP ☐ Change ☑ Addition	
NAME		5.2 NAME	DARRELL CHAPPER
STREET ADDRESS		5.3 STREET ADDRESS	120 West Valencia ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland, FL. 33805
TITLE ☐ DELETE		6.1 TITLE VP ☐ Change ☑ Addition	
NAME		6.2 NAME	Scott Watasek
STREET ADDRESS		6.3 STREET ADDRESS	27427 Golden Meadow DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Wesley Chapel, FL 33544

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.

SIGNATURE: 4/28/98 (813) 855-3264

CR2E034 (10/97)