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 # P97000041644 (0)

UCINEL	MANAGEMENI,	INC.	

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business 1530 BLUEPOINT AVENUE SUITE C NAPLES FL 34102 2. Principal Place of Business 21 ISSO Bow HA LANE Suite, Apt. #, etc. 22 City & State 23 NAPLES FL Zip 3 410 2 Country 24 Zip Country 25 Country	Mailing Address 1530 BLUEPOINT AVENUE SUITE C NAPLES FL 34102 2a. Mailing Address 26 / SSD Zo Suite, Apt #, etc. 27 City & State 28 NAPLES 29 34/62 30	w. tA lare FL. Country Couldin	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No					
Name and Address of Current HEIDEL, STEVEN 1530 BLUEPOINT AVENUE SUITE C NAPLES FL 34102		84 City N	APLES F	L 85 Zip Code 34/02				
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 agont, 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 displicable (NOTE Registered Agent signature required when reinstating) DATE								
TITLE D NAME HEIDEL, STEVEN STREET ADDRESS 1530 BLUEPOINT AVENUE, SU CITY-ST-ZIP NAPLES FL 34102	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS / S 1.4 CITY-S1-ZIP	550 BONITA LAME APLES FL. 34102	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELET E	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP		Change Addition C				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	10.070	Change Addition				

indicated on this annual report or suppliemental 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 of 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, you an attachment with an appears.