SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMETATE

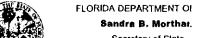
PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name UNNR. INCORPORATED

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



Secretary of State DIVISION OF CORPORATIONS

ΤE

P97000050376 (7)

Oct 15 1998 8:00am

Secretary of State

11851 52 ROAL		Mailing Address 11851 52 ROAD, NORTH ROYAL PALM BEACH FL S	22411				
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411					DO NOT WRITE IN	THIS SPACE	
•					3. Date Incorporated or Qualified		
					06/06/1997		
2. Principal P	cipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21	26				650767763	Not Applicable	
	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	- 60 75	
City & Stat					6 Final Compain Final Compains		
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Count				
24	25	29	30		Personal Property Tax due June 30.		
<u> </u>	9. Name and Address of Curren	t Registered Agent	1-1		10. Name and Address of New Regist	ered Agent	
NARINEDAT, USHA 11851 52 ROAD, NORTH ROYAL PALM BEACH FL 33411				Name			
				2 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84 City 85 Zip Code			
						FL	
office or agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Fit	orioa Statut	.es.	oration submits this statement for the purpose ion's board of directors. I hereby accept the		
ļ	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re			glstered Agent signature required when reinstating) DATE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		D DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	D NADMITOAT LICHA	L] DELETE	1.1 TITLE			RS AND DIRECTORS IN 12 Change Addition	
NAME	The state of the s			\ \			
STREET ADDRESS				ET ADDRESS		· 5	
CITY-ST-ZIP			1.4 CITY 2.1 TITLE				
NAME		DELETE	2.2 NAM	i		Change Addition	
STREET ADDRESS				ET ADDRESS		**	
CITY-ST-ZIP	-		2.4 CITY	l	H9	*	
TITLE			3.1 TITLE			Change Addition	
NAME	3.2 N			E		—— - · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	3.3 \$7			ET ADDRESS			
CITY-ST-ZIP	I I			ST-ZIP			
TITLE			4.1 TITLE			Change Addition	
NAME	·		4.2 NAM	E			
STREET ADDRESS	ADDRESS 4.3 ST			ETADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP	244		
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAM	E Ì		ì	

CITY-ST-ZIP 6.4 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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

9/21/198

Change Addition