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 # 1. Corporation Name P97000085433 (5)

UNIFIED SERVICES ASSOCIATES, INC

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



200 SW 1ST AVE HALLANDALE FL				DO NOT WRITE IN THE	S SPACE	
					10/02/1997	
2. Principal Place	of Business	2a. Mailing Address			4. FELNumber	Applied For
	on 1sh are 26 same			65-0788316	Not Applicable	
Suite, Apt. #, e	#, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	490.1000 1.1 [6. Election Campaign Financing	\$5.00 May Be
23 Hall	chandate 1 28				Trust Fund Contribution	Added to Fees
Zip 3300	Country	Zip	· — ·		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	25 Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	
D4 11					10. Hall die Addies of the Hogelete	
GRASSELLY, MAUD 200 SW 1ST AVE			_			
HALLANDALE FL 33009			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		■ 85 Zip Code
			1	,	<u> </u>	L i i
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 pented name of registered agent and title if applicable (NOTE Registered Agent signature required when teinslating) DATE						
Signa 12.	ature, typed or printed name of registered ages OFFICERS AND		13.	eni signalure re	ADDITIONS/CHANGES TO OFFICERS A	
TITLE		ett Ires. DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME 2	00 FW Ishave	20C71115.—	1.2 NAME]
STREET ADDRESS	allandale, f	1 33009	1.3 STREE	ADDRESS		
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP		
TITLE DI	uner o	☐ DELETE	2.1 TITLE			Change Addition
NAME M	land brassell	4	2.2 NAME			
STREET ADDRESS 🔑	to swisk an	33009 DELETE	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	tellaudale, +1	33009	2. 4 CITY-	ST-ZIP		
TITLE	•	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE			
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP		Change Addition
NAME			4. 2 NAME			C Guardo C Macuton
STREET ADDRESS				r address		
CITY-ST-ZIP			4.4 CITY - !			
TITLE		DELETE	5.1 TITLE	<u> </u>		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	r address		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		☐ DELET E	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	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.