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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B., Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000089567 (6)

UNIWAY COMPUTER ASSOCIATES, INC.

Principal Place of Business Mailing Address 3231 LAKE SHORE DRIVE 3231 LAKE SHORE DRIVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	alified		
2. Principal Pr	ace of Business	2a. Mailing Address			10/17/1997 4. FEI Number		□ Ā	pplied For
21		26			65-079532L	261912	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲	4	Additional required
City & State	9	City & State			Election Campaign Final Trust Fund Contribution	ncing		May Be
Zip	Country 25	Zip	Cour	ntry	This corporation owes of Personal Property Tax d	·	_	ntangible No
•	9. Name and Address of Curren				10. Name and Address of	New Registered A	gent	
SU MLA 11. Pursuant (office or re	O SOUTHEAST 2ND STREET ITE 3700 AMI FL 33131 To the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accopt the obliga-	of Florida. Such change was a	es, the ab	84 City ove-named cor	poration submits this statement ation's board of directors. I hereb	FL for the purpose of	changing	Code its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	and the if productible (APOLE	Basistared	Acont Biocolure root	ulted when reinstating)	DATE		
12.	OFFICERS ANI		13.	ABest eignature rede	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITL	.E			Change	Addition
NAME	MONTEIRO DA COSTA. GUIL	HERME A	1.2 NA	ME				
STREET ADDRESS	3231 LAKE SHORE DRIVE		1.3 STR	IEET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		_	Y-ST-ZIP			<u> </u>	1.4.100
TITLE	D	☐ DELETE	21 TITE	1		ı	Change	Addition
NAME	DE SOUZA LEAO, LUCIA C		2.2 NAM					
STREET ADDRESS	3231 LAKE SHORE DRIVE			REET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	DELETE	2 4 CIT	Y-ST-ZIP			Change	Addition
NAME	DA COSTA NETTO, DIDIMO F		3.2 NAA	· }		,	The Autoritie	Addition
STREET ADDRESS	3231 LAKE SHORE DRIVE			REET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1	1	Y-ST-ZIP				
TITLE	CLEIN MED CENTRE COTTE	DELETE	4.1 1(1)				Change	Addition
NAME			4. 2 NA			_		
STREET ADDRESS				FET ADDRESS				

6.4 CITY-ST-ZIP

14. Thereby 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELÉTE

OLONIA TUDE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

102.00 les - 1000 1500

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Change

Addition

FILED

May 06 1998 8:00am

Secretary of State