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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07 1998 8:00am Secretary of State

DOCUMENT #

U-LINE, INC.

'97000100667 (9)	
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Principal Place of Business Mailing Address

1 *************************************	- C - C - C - C - C - C - C - C - C - C	manag ratoress								
817 BEACHLAND BLVD.		817 BEACHLAND BLVD.								
VERO BEACH	FL 32963	VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified	11 110 0	AOL		
						11/26/1997				
2. Principal Pl.	ace of Business	2a. Mailing Address				4. FEI Number		$\neg \tau$	An	plied For
21		26				Applied for		⊢		t Applicable
Suite, Apt	W, etc	Suite, Apt. #, etc.						\$8.		dditional
22		27				5. Certificate of Status Desired	J			quired
City & State)	City & State				6. Election Campaign Financing		\$5	00	May Be
23		28				Trust Fund Contribution]			o Fees
Zip	Country	Ζφ	Cou	ntry	-	8. This corporation owes or has paid to	he curr			
24	25	29	30			Personal Property Tax due June 30		Yes] No
	g. Name and Address of Curre	nt Registered Agent			4	10. Name and Address of New Regis	ered A	gent		
HE	NDERSON, STEVE L ESQ.			81	Name					
	7 BEACHLAND BLVD.			B2	Chront 1	Address (D.O. Doy Number in Not Assessed				
	RO BEACH FL 32963			02	OTLGGI V	Address (P.O. Box Number is Not Acceptable)				
,	TO TOTAL TE OFFICE		ŀ	83		** * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •			
1			Į							
				84	City		FL	65	Zip (Code
44 Purcuant t	a the provisions of Sections 607 (4)	02 and 607 1609 Florida Sta	tutes the ab		namod .	corporation submits this statement for the purp		chan	ing it	rogistored
office or re	egistered agent, or both, in the Stat	e of Florida. Such change wa	as authorized	d by	the corp	poration's board of directors. I hereby accept the	ie appo	ointme	nt as	registered
agent. I ar	n familiar with, and accept the obli	gations of, Section 607.0505,	Florida Stati	utes	3.					
SIGNATURE .										
12.	Signature, typed or protect name of representing OF LICEUS AT	ND DIRECTORS	13.	1 Age	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE C AND	DIRE	CTOR	C IN 12
TITLE	D	DELETE	11 TIT	I F	 1	ADDITIONS/CHANGES TO OFFICER	SAND	Ch		Addition
NAME	PANHELOZL, GERALD	LJ occine	12 NA						ungo	7.00/10/1
	3200 AIRPORT W. DR., SUI	TE R								
STREET ADDRESS	VERO BEACH FL 32960	IL U			ADDRESS					
CITY-ST-ZIP TITLE	D DENOTTE SESSO	DELETE	1.4 CIT 2.1 TIT		I-ZIP			Ch	2200	Addition
	MATTES, ULRIKE				ĺ				anyo	Radilloll
NAME		TC D	2 2 NA							
STREET ADDRESS	3200 AIRPORT W. DR., SUI	IE D			ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32960	T 56.677	2 4 01		ST-ZIP					The same
TITLE		DELETE	3 1 111					☐ Ch	ange	Addition
NAME			3.2 NA							
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI		ST-ZIP					
TITLE		DELETE	4.1 1)1	l.E	i			Ch.	ange	☐ Addition
NAME			4. 2 N/	AME						
STREET ADDRESS			4.3 51	REET	ADDRESS					
CITY-ST-ZIP			4.4 Cil	IY-S	T - ZiP					
TITLE		DELETE	5 1 TiT	LE				Ch	ange	☐ Addition
NAME			52 NA	ME						
STREET ADDRESS			53 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 Ci1	IY-S	ız-zie					
TITLE		DELETE	61 TIT					Ch	ange	☐ Addition
NAME			62 NA							
STREET ADDRESS					ADDRESS					
UINEEL ADDINGSS			0331	nLt I	NDUNESS					

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 armual 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.

561-231-1900