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99 OCT 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 OCT 18 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P980000024844			
1. Corporation Name UNION FIDELITY FUND, INC.			
Principal Place of Business 13893 - E4 WELLINGTON TRAIL Suite 307 WELLINGTON, FL 33414		REINSTATEMENT 1999 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3/14/98 4. FEI Number 65-0824891 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Principal Place of Business	2a. Mailing Address		
21. SAME AS	26. SAME		
Suite, Apt. #, etc. AS ABOVE	Suite, Apt. #, etc. AS ABOVE		
City & State	City & State		
23. FL 33414	28. FL 33414		
Zip	Country		
24. FL	30. USA		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALPHONSO S. MILLIGAN, ESQUIRE Suite 1011 3910 PCA BOULEVARD PALM BEACH GARDENS, FL 33410		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. - 21A 84. City 85. Zip Code FL 33414	
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 607.0605, Florida Statutes. SIGNATURE [Signature] DATE 14 Oct 99			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR <input type="checkbox"/> DELETE	NAME LARRY HELMICH	1.1 TITLE D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1200 MARINE WAY #706A	CITY-ST-ZIP N. PALM BEACH, FL 33408	1.2 NAME JACK STERNIS, JR.	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	NAME SAM HOSSCINI	1.3 STREET ADDRESS 1560 BENT CHURCH RD	
STREET ADDRESS 1569 ISLAND WAY	CITY-ST-ZIP WESTON, FL 33326	1.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	NAME DWAYNE RAYNER	2.1 TITLE	
STREET ADDRESS 6120 CYPRESS ROAD	CITY-ST-ZIP PLANTATION, FL 33317	2.2 NAME	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE	NAME TOSHUA ROSENBERG	2.3 STREET ADDRESS	
STREET ADDRESS 1400 NW 13TH ST #26	CITY-ST-ZIP Boca Raton, FL 33486	2.4 CITY-ST-ZIP	
TITLE DIRECTOR <input type="checkbox"/> DELETE	NAME Russell Ballen	3.1 TITLE	
STREET ADDRESS 648 S.W. 1st St	CITY-ST-ZIP BELLE GLADE, FL 33430	3.2 NAME	
TITLE D/P <input type="checkbox"/> DELETE	NAME ALPHONSO S. MILLIGAN	3.3 STREET ADDRESS	
STREET ADDRESS 3910 PCA BOULEVARD #1011	CITY-ST-ZIP PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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. SIGNATURE [Signature] DATE 10/15/99			

CR2E034 (5/99)