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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000024917

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90076 048 ***150.00

RESEARCH UNLIMITED, INC.							
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				_	I INNIHAN KIN ININ KUMI BAKKI		
Principal Place of Business Mailing Address							
1222 S. DALE MABRY HIGHWAY 1222 S. DALE MABRY HIGHWAY					•		
SUITE 323 SUITE 323 TAMPA FL 33629 TAMPA FL 33629					DO NOT WRITE IN THIS	SPACE	
THAT I COULD					3. Date incorporated or Qualifed		
					03/17/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number_	App	plied For
21 26					59-3498710	· Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27					5. Continuate of Callad Booking	Fee Re	quired
City & State City & State		City & State			6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip ¬ r	Country	'	8. This corporation owes the current year Int		(TNo
24 25	·	``	30		Personal Property Tax.		□No
9. Name an	d Address of Current Re	gistered Agent	81	Name	10. Name and Address of New Registered	Agent	
HERZOG, EDWAR	חי		61	Name			•
1222 S. DALE MABRY HIGHWAY			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		-
SUITE 323			-				
TAMPA FL 33629		83		,			
IAMFA FL 33029			84	City		85 Zip C	ode
				<u>L</u>	FL	changing its	rogistored
 Pursuant to the provision office or registered agent 	is of Sections 607.0502 and or both, in the State of Fl	d 607.1508, Florida Statute orida. Such change was ai	es, the abov- uthorized by	e-named cor the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	ntment as rec	gistered
agent. I am familiar with,	and accept the obligations	of, Section 607.0505, Flor	rida Statutes	h.			
SIGNATURE	·		Desired and Alexandria		uired when reinstating) DATE		}
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				it signature redu	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE Presiden		☐ DELETE	13.		•	Change	☐ Addition
NAME E dwar.	م مال		12 NAME	Ì			1
NAME Edward Herzig STREET ADDRESS 1222 S. Dale makry Hm) CITY-ST-ZIP Tanpa. FL 37 Los			4	TADDRESS	• •		İ
CITY-ST-ZIP TANDA. FL 37 LOS			1.4 CITY-S				
TITLE 7 P	- <u> </u>	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP			2. 4 CITY-5		7.	•	,
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADORESS			
CITY-ST-ZIP			3.4. CITY-5	1	•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		*****	6.2 NAME				
STREET ADDRESS			8.3 STREE	T ADDRESS			}
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/55

886 - £ 35 - 6 214 Daytime Phone # CR2E034 (11)