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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S00590** (7)
1. Corporation Name
UNITECH COMPUTER SERVICES, INC.

Principal Place of Business: **2338 WOODBEND CIRCLE NEW PORT RICHEY FL 34655**
Mailing Address: **2338 WOODBEND CIRCLE NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4114 US Hwy 19		26 4114 US Hwy 19		09/18/1990	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 New Port Richey, FL		28 New Port Richey, FL		59-3030398	<input type="checkbox"/> Not Applicable
24 34652	25 Pasco	29 34652	30 Pasco	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 New Port Richey, FL		28 New Port Richey, FL		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.035, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent
**PASCO BUSINESS SERVICES, INC.
3284 SR 54
NEW PORT RICHEY 34652**

10. Name and Address of New Registered Agent

81 Name	John A. Karel		
82 Street Address (P.O. Box Number is Not Acceptable)	2835 US Hwy 19		
83			
84 City	Holiday	85 State	FL
		86 Zip Code	34691

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: John A. Karel John A. Karel 3-28-95
Signature, typed or printed name of registered agent at time of application. (NAME) Registered Agent (Signature) and date (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAPMAN, MICHAEL A.
STREET ADDRESS	2338 WOODBEND CIRCLE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	ST
NAME	CHAPMAN, MICHAEL A.
STREET ADDRESS	2338 WOODBEND CIRCLE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	V
NAME	STWALT, CHARLES
STREET ADDRESS	890 SILK OAK TREE
CITY - ST - ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael A. Chapman Michael A. Chapman 813-847-4748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone #)