

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

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # S19163 (2)**  
 1. Corporation Name  
**UNIREALTY INVESTMENTS, INC.**



Principal Place of Business <b>5100 W KENNEDY BLVD SUITE 105 TAMPA FL 33609</b>	Mailing Address <b>5100 W KENNEDY BLVD SUITE 105 TAMPA FL 33609-1849</b>
--	---

3. Date Incorporated or Qualified <b>12/13/1990</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-3063635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>5109 N. NEBRASKA AVE</b>	26. Mailing Address <b>SAME</b>
22. Suite, Apt. #, etc. <b>STE 200</b>	27. Suite, Apt. #, etc.
23. City & State <b>TAMPA, FL</b>	28. City & State
24. Zip <b>33603</b>	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>TAKACS, KENNETH S. 5100 WEST KENNEDY SUITE 105 TAMPA FL 33609</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)	<b>5109 N. NEBRASKA AVE</b>		
83.	<b>STE 200</b>		
84. City	<b>TAMPA</b>	85. Zip Code	<b>FL 33603</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKACS, KENNETH S.</b>	1.2 NAME	<b>5109 N. NEBRASKA AVE</b>
STREET ADDRESS	<b>5100 W. KENNEDY BLVD.</b>	1.3 STREET ADDRESS	<b>STE 200 TAMPA, FL 33603</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKACS, JACQUELINE M</b>	2.2 NAME	<b>SAME AS ABOVE</b>
STREET ADDRESS	<b>5100 W. KENNEDY BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKACS, KENNETH S. JR.</b>	3.2 NAME	<b>SAME AS ABOVE</b>
STREET ADDRESS	<b>5100 W. KENNEDY BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAKACS, KRAIG S.</b>	4.2 NAME	<b>SAME AS ABOVE</b>
STREET ADDRESS	<b>5100 W. KENNEDY BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Jacqueline M. Takacs* 4/25/97 813-229-1950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)