

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

FILED
Mar 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **S26287** (0)
1. Corporation Name
UBAC FL, INC.



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| Principal Place of Business %DATA PROCESSING & CENT. RECS. P.O. BOX 850880 BRAINTREE MA 02185-0880 | Mailing Address %DATA PROCESSING & CENT. RECS. P.O. BOX 850880 BRAINTREE MA 02185-0880 |
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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 4739 Distribution Drive Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip 24 33605 Country 25 USA | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 01/22/1991 | 3a. Date of Last Report 02/13/1996 |
| | | | | 4. FEI Number 58-1928668 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
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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 **CT Corporation System** 3/11/97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLARD, DONALD A. JR | 1.2 NAME | |
| STREET ADDRESS | 116 LUNDQUIST DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRAINTREE MA | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLARD, DAVID | 2.2 NAME | |
| STREET ADDRESS | 116 LUNDQUIST DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRAINTREE MA | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLARD, JOHN D. | 3.2 NAME | |
| STREET ADDRESS | 116 LUNDQUIST DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRAINTREE MA | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASON, JOHN B. | 4.2 NAME | |
| STREET ADDRESS | 116 LUNDQUIST DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRAINTREE MA | 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: **John B. Mason** Treasurer 3/11/97 6178481400

CR2E034 (9/96)