

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 25 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S26537** (8)
1. Corporation Name
UNITECH BUILDING SYSTEMS, INC.

Principal Place of Business Mailing Address
6020 99TH ST. SEBASTIAN FL 32968 **6020 99TH ST. SEBASTIAN FL 32968**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 05/10/1994
4. FBI Number 65-0296467	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent JASON, KENNETH L. 6020 99TH ST. SEBASTIAN FL 32958	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 _____ (DATE) _____
Signature (typed or printed name of registered agent and the applicant) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON, KENNETH L.	1.2 NAME	
STREET ADDRESS	6020 99TH ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL 32958	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON, KEN	2.2 NAME	
STREET ADDRESS	523-A NW ENTERPRISE DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST LUCIE FL	2.4 CITY, ST, ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON, KENNETH L.	3.2 NAME	
STREET ADDRESS	6020 99TH ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	SEBASTIAN FL 32958	3.4 CITY, ST, ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY, JACK	4.2 NAME	
STREET ADDRESS	2100 SW CONANT AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	4.4 CITY, ST, ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON, KENNETH L.	5.2 NAME	
STREET ADDRESS	2100 SW. CONANT AVE.	5.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	5.4 CITY, ST, ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 such were both, 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: **KENNETH L. JASON** 6/27/95 407-589-9952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)