

**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 <b>01/23/1991</b>	3a. Date of Last Report <b>05/10/1994</b>
4. FBI Number <b>65-0296467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

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 <b>JASON, KENNETH L. 6020 99TH ST. SEBASTIAN FL 32958</b>	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 <b>FL</b>
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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) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASON, KENNETH L.</b>	1.2 NAME	
STREET ADDRESS	<b>6020 99TH ST.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SEBASTIAN FL 32958</b>	1.4 CITY, ST, ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASON, KEN</b>	2.2 NAME	
STREET ADDRESS	<b>523-A NW ENTERPRISE DR</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PORT ST LUCIE FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>TS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASON, KENNETH L.</b>	3.2 NAME	
STREET ADDRESS	<b>6020 99TH ST.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SEBASTIAN FL 32958</b>	3.4 CITY, ST, ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRY, JACK</b>	4.2 NAME	
STREET ADDRESS	<b>2100 SW CONANT AVENUE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PORT ST. LUCIE FL</b>	4.4 CITY, ST, ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JASON, KENNETH L.</b>	5.2 NAME	
STREET ADDRESS	<b>2100 SW. CONANT AVE.</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PORT ST. LUCIE FL</b>	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