

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S31622** (1)

1. Corporation Name  
**U CORPORATION, INC.**



Principal Place of Business: **10474 NORTHCLIFFE BLVD SPRING HILL FL 34608**  
Mailing Address: **10474 NORTHCLIFFE BLVD SPRING HILL FL 34608**

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 [ ]

3. Date Incorporated or Qualified: **02/12/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3048637** Applied For: [ ] Not Applicable: [ ]  
5. Certificate of Status Desired: [ ] **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor: [ ] **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

**HANKS, CARRIE  
8293 SCOTCH PINE AVE.  
106  
BROOKSVILLE FL 34613**

10. Name and Address of New Registered Agent  
81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.012 and 607.1506, 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 changes may be effected only by the corporation's board of directors, hereby adopting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.012(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>	[ ] DELETE
NAME	<b>HANKS, CARRIE</b>	
STREET ADDRESS	<b>8293 SCOTCH PINE AVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	[ ] Change [ ] Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	[ ] Change [ ] Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	[ ] Change [ ] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	[ ] Change [ ] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied was true, correct, 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. I am an officer or director of the corporation or the registered agent, authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addendum.

SIGNATURE: *CARRIE J. HANKS Pres.* 4-26-96 352869770  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)