

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S62166** (1)
1. Corporation Name
UNISOFT, INC.



Principal Place of Business
**276 SAUSALITO BLVD
CASSELBERRY FL 32707**

Mailing Address
**276 SAUSALITO BLVD
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified
06/25/1991

3a. Date of Last Report
04/13/1995

4. FEI Number
59-3077514

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
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29

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9. Name and Address of Current Registered Agent

**GLOVER, PAUL S
276 SAUSALITO BLVD
CASSELBERRY, FL 32707**

10. Name and Address of New Registered Agent

81 Name
LEAGUE, DENNIS

82 Street Address (P.O. Box Number is Not Acceptable)
276 SAUSALITO BLVD

83

84 City
CASSELBERRY

FL 85 Zip Code
32707

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DPT	GLOVER, PAUL S	276 SAUSALITO BLVD	CASSELBERRY FL	<input checked="" type="checkbox"/>
DVS	HARRIS, WILLIAM C	276 SAUSALITO BLVD	CASSELBERRY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DPT	LEAGUE, DENNIS	276 SAUSALITO BLVD.	CASSELBERRY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVS	HARRIS, WILLIAM C	276 SAUSALITO BLVD	CASSELBERRY, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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; 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)