, SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S69163

(1)

UNIT INTERNATIONAL OF MIAMI, INC.

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900 UNIVERSITY BLVD N JACKSONVILLE FL

APPROVED AND

97 AUG -8 AM 7: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Plac	ce of Business	Mailing Address				- I (AB)II	THE GIR BANKS ERIEN HIBLE BINDS HAN		441 0 7071 8 1841 01044 1801	
656 SOUTH I MIAMI SPRIN	DRIVE KGS FL 33166	656 SOUTH DRIVE MIAMI SPRINGS FL 33160				DO NOT WRITE IN THIS SPACE				
						3. Date Inc	corporated or Qualified	3a. Date	of Last Report	٦
	<u> </u>					07/29	/1991	04/2	3/1996	
2. Principa: r	Place of Business	2a. Mailing Address	F				nber		Applied For	-
21		26					084208		Not Applicable	,†
Sulte, Apt.	·	Suite, Apt. #, etc.	h			1		<u> </u>	\$8.75 Additional Fee Regulred	
City & Stat	(e	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	28				nd Contribution		Added to Fees	
Zip	Country	Zip	Cou	untry				the currer		-
24						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	g, Name and Address of Current	t Registered Agent	30	10. Name and Address of New Registered Age					┥	
WH	HELAN, M FRED		I	81	Name				<u> </u>	ქ '
	O UNIVERSITY BLVD N		ļ	-	l				<u> </u>	
SUITE 500			ļ	82	Street Addre	ess (P.O. Box N	Number is Not Acceptable	3)		1
	CKSONVILLE FL 32211		}	83	í 					↲ .
· · · · · · · · · · · · · · · · · · ·	MODITALLE IL 32211		J		i		e e		4	}
					City	1		- 1	85 Zip Code	1 1
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								anging its registered Iment as registered	1	
SIGNATURE	· ·	notes on populari do taccos tra	(IVa Diak	Jies.						
	Signature, typied or printed name of registered agent	nt and little if applicable (NOT)	F- Registerer	d Ager	nt signature required	d uton reinstation)			· · · · · · · · · · · · · · · · · · ·	}
12.	OFFICERS AND		13.		it sithigine reduces		S/CHANGES TO OFFICE	DATE DC AND DI	DECTODO IN 10	اح
TITLE	D	DELETE	1.1 7171	CL F		١	15/UTANGES TO OFFICE			(4/97)
NAME	POWERS, WARREN P	_	1.2 NAI			;		L	Change	
STREET ADDRESS				1.3 STREET ADDRESS			ار راهوی راستان راستان راستان راستان			8
CITY-ST-ZIP	JACKSONVILLE FL				[***	الالالكام المرابية	3EJŲ.	340	M
TITLE	n	DELETE	1.4 CIT		- ZIP		0000226 -08/13/97 *****165.	<u>`UIU</u> ≀	34U19	CR2E034
NAME	WHELAN, M FRED	L. J Peterie		21 TITLE			₩₩₩₩TDO.	UU E	White 69. Dedition	O,
				2.2 NAME						¥
STREET ADDRESS 900 UNIVERSITY BLVD N			2.3 STF	2.3 STREET ADDRESS					ļ.	

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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 aerusal 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 received of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in a graph of unit and address.

2.4 CITY-ST-ZIP

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

APPROVED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE 97 AUG -8 AM 7: 04 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA 1997 **DIVISION OF CORPORATIONS DOCUMENT #** S69163 (1)UNIT INTERNATIONAL OF MIAMI, INC. Principal Place of Business Mailing Address 656 SOUTH DRIVE 656 SOUTH DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1991 .04/23/.1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3084208 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 whelan, M fred 900 UNIVERSITY BLVD N 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 500 83 JACKSONVILLE FL 32211 84 City 85 Zip Code 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 little if applicable (NOTE: Registered Agent signature required when rainstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE POWERS, WARREN P NAME 1.2 NAME 900 UNIVERSITY BLVD N 400002266034---08/13/97--01084--019 *****165.00 ******165.00 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ENAMA 63. Debition DELETE TITLE 21 TITLE WHELAN, M FRED NAME 2.2 NAME 900 UNIVERSITY BLVD N STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-51-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition | NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Addition NAME 62 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 amptal report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or tip receiver or justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in an appropriate of the corporation with a address.

AUG. 6/62 9046