## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

WHELAN, M FRED 900 UNIVERSITY BLVD N

JACKSONVILLE FL 32211

**SUITE 500** 

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69163

(1)

UNIT INTERNATIONAL OF MIAMI, INC.

Country

9. Name and Address of Current Registered Agent

ν,

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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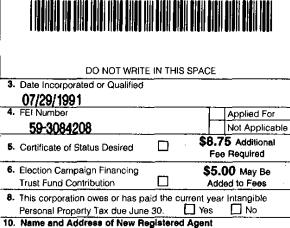
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Principal Place of Business Mailing Address

656 SOUTH DRIVE 656 SOUTH DRIVE
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166

FILED Feb 25 1998 8:00am Secretary of State



Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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.

Country

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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 tri		Registered Agent signature requ	·	<u></u>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	U	☐ DELETE	1.1 TITLE	☐ Change ☐	Addition [
NAME	POWERS, WARREN P		1.2 NAME		- 13
STREET ADDRESS	900 UNIVERSITY BLVD N		1.3 STREET ADDRESS		li li
CÎTY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE ,	D	☐ DELETE	2.1 TITLE	☐ Change ☐ J	Addition (
NAME	WHELAN, M FRED		2.2 NAME		
STREET ADDRESS	900 UNIVERSITY BLVD N		2.3 STREET ADDRESS		ľ
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TiTL€	☐ Change ☐ /	Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
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NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change D	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ /	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì

14. I 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 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 yie 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 change 10 page 41 attachment with an address.

CICNATUDE.

M.F. Littelan

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