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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$71290

(8)

UNLIMITED CHANGES, INC.

7902 NW 18 CT		7902 NW 18TH COURT	•				
MARGATE FL 3		MARGATE FL 33083-6830					
					 Date Incorporated or Qualified 08/02/1991 	3a. Date of Last R 03/05/1996	Report
2. Principal Pl 21	ace of Business	2a. Mailing Address 26	 1		4. FEI Number 59-3077014	j	pplied For ot Applicable
Suite, Apl. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
Oity & State	:	City & State	ê '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
7(p)	Country 25	Z _{IP}	30		8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No		
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	pistered Agent	
DEN	SKY, ALAN B.		В	Name			
	NW 18TH COURT GATE FL 33063		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
			8:	3			
			8-	1	,	FL	Code
11. Porsuant I office or re agent. Far	to the provisions of Sections 607 og stered agent, or both, in the S m farmiar with, and accept the c	1.05:02 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	tes, the abo authorized t lorida Statuti	ve-named cor by the corpora es.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing a of the appointment as	its registered s registered
SIGNATURE	Slignature, typed or printed name of register	od agent and too if applicable (NO	1E: Registered A	gent signature req	uired when reinstaling)	DATÉ	
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTV	DELETE	1.1 TITLE			Change	Addition
HAME	DENSKY, ALAN B.		1.2 NAM				
STREET ADDRESS	7902 NW 18TH CT.		1.3 STREET ADDRESS				
CITY ST-7/2	MARGATE FL		1.4 CITY				T NAME OF THE PARTY OF THE PART
TIELE		☐ DELETE	21 TITLE	į		☐ Change	Addition
NAME			22 NAMI	ľ			
STREET AUDRESS			1	ET ADDRESS			
GITY ST-Zir*	DELETE		2 4 CITY-ST-ZIP			Change	Addition
Tille			3 1 TITLE 32 NAME			☐ Change	L RUUIIIUII
NAME							
SIREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP		DELETE	3.4. CITY 4.1 TITLE			Change	Addition
TITLE NAME		L_3 Detect	4.2 NAM			and Bo	
STREET ADDRESS				ET ADDRESS			
			4.4 CITY				
CITY-ST-7IP THLE	DELETE		5.1 TITLE			Change	Addition
NAME	 ,		5.2 NAM				
SIRFEL ADDRESS				ET ADDRESS			
C-TY - ST - ZIP			5.4 CITY				
TallE		DELETE				Change	Addition
NAME:			6.2 NAM	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY - S7 - Z4P			6.4 CITY	-ST-ZIP			
44 Edo beres	by certify that the information su	pplied with this filing does not qua	lify for the ex	comption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certify that	t the
l am an o	fficer or director of the corporati	rt or supplemental annual report is on or the receiver or trustee empo ed, or on an attanhment with an ac	wered to exe	ecute this rep	ort as required by Chapter 607, Florida S	tatules; and that my	name
	/1 / *	4 / 1			4 .		