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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



S97936

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90065 011 ***150.00

UNICORI	P, INC.						
) 1881/1818 115 1811/1 18818 18188 111/18 8/11 B/16		
	**						
Principal Place	e of Business	Mailing Address			(
2919 E COMMERCIAL BLVD 2919 E COMMERCIAL BLVD							
SUITE A SUITE A					DO NOT WRITE IN TH	e edace	
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US US					12/02/1991		
n Principal Bl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
\neg	26				65-0299312	<u> </u>	Applicable
25 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
27					5. Certificate of Status Desired	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip	Country	Country Zip Country			8. This corporation owes the current year	ntangible	_
24	25	29 30)		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81 N	lame		,	
BLITZER, CHARLES			82 S	Street Addres	ss (P.O. Box Number is Not Acceptable)		
2919	E COMMERCIAL BLVD						
SUIT			83				
FIL	AUDERDALE FL 33308		84 C	City		. 85 Zip C	ode
				•	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-na	amed corpor	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its ointment as red	registered l
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.	Corporation	o board of amount of the property		,
SIGNATURE							
	Signature, typed or printed name of registered agent		gistered Agent sig	nature required v		NE DIDECTO	DO 151 40
12.	OFFICERS ANI	D DIRECTORS	13. 1.1 TITLE	_	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D D CHARLES		12 NAME				
NAME	DETIZEN, ON WILES			DDESS			
STREET ADDRESS	2919 E COMMERCIAL BLVD FT LAUDERDALE FL 33308		1.3 STREET ADDRESS				
CITY-ST-ZIP	FI LAUDERDALE PL 33306	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
			2.2 NAME			_ ,	
NAME OTDEET ADDOESS			2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY-ST-ZI				
CITY-ST-ZIP TITLE		□ DELETE	3.1 TITLE	ır		☐ Change	Addition
NAME							
STREET ADDRESS			3.3 STREET ADI	DRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZI	į.			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				(
STREET ADDRESS			5.3 STREET ADI	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	E 62 N		6.2 NAME				
			A 2 CTDEST AD	DDECC			1
STREET ADDRESS			6.3 STREET AD	DKESS			l

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 comparation 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 chapted, or on an analysis ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP :