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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

V00322

(0)

## **UNIGON CORPORATION**

Principal Place of Business

Mailing Address

850 GREENBRIAR AVE. DAVIE FL 33325

850 GREENBRIAR AVE. DAVIE FL 33325



						<ol> <li>Date Incorporated or Qualif</li> <li>12/16/1991</li> </ol>		ate of Last Re 05/01/19	
, Principal Pia	ice of Business	2a. Mailing Addr	ess			4, FEI Number		<b>⊢</b> —1	Applied For
		26				65-0306307		!	Not Applicable
Suite, Apt. #	t, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired	· 🗆		Additional Required
City & State		City & State				Election Campaign Financir     Trust Fund Contribution	<sup>ig</sup> $\square$		May Be
l	Country	Zip		Country		8. This corporation has liability	for intangible		~
	25	29	30	5]			Yes □No		
	g. Name and Address of Curr	ent Registered Agent	.,,			10. Name and Address of N	w Registere	d Agent	
				81	Name				
LEE, YA	JU H.			82	Street Add	ress (P.O. Box Number is Not Acce	eotable)		
850 GREENBRIAR AVE.				oz Sireel A		0.000 (			
	L 33325			83					
•				84	City			. 85 Zi	p Code
	o the provisions of Sections 607.05				'		F	L	,
ICMATHEE	th, and accept the obligations of, Se Signature, typed or printed name of registered as	pint and title if applicable		egistered Ager	nt signature require	sd when reinstating!	DATE		
		AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A		
LF	DPT	DEL	LETE	1. 1 TITLE				Change	Addition
ML	LEE, YAU H.			1.2 NAME					
				1.2 NAME					
HEET ADDRESS	850 GREENBRIAR AVE.				T ADDRESS				
	850 GREENBRIAR AVE. DAVIE FL			1.3 STREET					
ry - S1 - ZiP	850 GREENBRIAR AVE. DAVIE FL DVS	□ DEI	LETE	1 3 STREET 1.4 City - 5 2 1 title				☐ Change	☐ Addition
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ceruly 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 on an attachment with an address.

SIGNATURE: YAU 11. LEE SUNTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96 (954) 475-2868

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