

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13 1998 8:00am  
Secretary of State

DOCUMENT # V00597 (7)  
1. Corporation Name  
UNITED FINANCIAL INVESTORS, INC.



Principal Place of Business  
4521 PGA BLVD  
SUITE 106  
PALM BCH GARDENS FL 33418

Mailing Address  
4521 PGA BLVD  
SUITE 106  
PALM BCH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/13/1991

4. FEI Number  
65-0309506

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
i. SAMES ABOVE  
Suite, Apt. #, etc.  
22 City & State  
Zip Country

2a. Mailing Address  
26 SAMES ABOVE  
Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

9. Name and Address of Current Registered Agent  
GLENN, RICHARD W.  
2201 PALM BEACH LAKES BLVD.  
SUITE 200  
W PALM BEACH FL 33409

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 *Bill Bouchard* 3-6-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PSD <input type="checkbox"/> DELETE                            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOUCHARD, WILLIAM  | 1.2 NAME  |   |
| STREET ADDRESS             | 6271 CHASEWOOD DR., SOUTH, UNIT E                              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JUPITER FL   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VTD <i>RESIGNED</i> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FULLER, JAMES  | 2.2 NAME  |   |
| STREET ADDRESS             | 505 RIDGE COURT WEST   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OLD HICKORY TN   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <i>RESIGNED</i> <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FULLER, BARBARA  | 3.2 NAME  |   |
| STREET ADDRESS             | 505 RIDGE COURT WEST   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OLD HICKORY TN   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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 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: *Bill Bouchard* 3-6-98 561-6947148

CR2E034 (10/97)