

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

95 APR 19 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V20922** (3)

1. Corporation Name
**UNITED-GROUP-PROGRAMS-SERVICES, INC.
WAR COLLEGE SIMULATIONS, INC.**

Principal Place of Business	Mailing Address
902 CLINT MOORE ROAD SUITE 146 BOCA RATON FL 33487	902 CLINT MOORE ROAD SUITE 146 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/12/1992	04/01/1994
Sute, Apt. #, etc.		Sute, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0320285	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

EDELHEIT, ROBERT D.
902 CLINT MOORE ROAD
SUITE 146
BOCA RATON FL 33487

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELHEIT, ROBERT D.	1.2 NAME	
STREET ADDRESS	902 CLINT MOORE RD, #146	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	P MARC EDELHEIT
STREET ADDRESS		2.3 STREET ADDRESS	902 CLINT MOORE RD. #146
CITY - ST - ZIP		2.4 CITY - ST - ZIP	BOCA RATON, FL. 33487
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	800001460643
STREET ADDRESS		3.3 STREET ADDRESS	-04/20/95--01005--017
CITY - ST - ZIP		3.4 CITY - ST - ZIP	***200.00 ***200.00
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed or on an attached print with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 (407) 997-7892
Date (Signature) _____

Robert D. Edelheit