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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V26004 1. Corporation Name

OPPORTUNITY UNLIMITED INTERNATIONAL, INC.

21 26 65-0324409	
FT. LAUDERDALE FL 33308  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  04/02/1992  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  65-0324409	
DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   04/02/1992   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   7. Principal Place of Business   26   65-0324409   1. Principal Place of Business   26   27. Principal Place of Business   27. Principal Place of Business   28. Mailing Address   4. FEI Number   7. Principal Place of Business   28. Mailing Address   4. FEI Number   7. Principal Place of Business   28. Mailing Address   4. FEI Number   7. Principal Place of Business   28. Mailing Address   4. FEI Number   7. Principal Place of Business   29. Mailing Address   4. FEI Number   7. Principal Place of Business	
3. Date Incorporated or Qualifed	
04/02/1992         2. Principal Place of Business       2a. Mailing Address       4. FEI Number       7         21       26       65-0324409       1	· . · · · · · ·
2. Principal Place of Business       2a. Mailing Address       4. FEI Number       7. 65-0324409         21       26       65-0324409	
21 26 65-0324409	Applied For
	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 58.75	Additional
5. Certificate of Status Desired	Required
City & State City & State 5 Flection Campaign Financing \$5.0	0 May Be
	d to Fees
Zip Country Zip Country 8, This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
REYNOLDS, DOUGLAS H.  82 Street Address (P.O. Box Number is Not Acceptable)	
4875 N. FEDERAL HWY.	·
10TH FLOOR 83	在社会 多數 多數
FT. LAUDERDALE FL 33308	<u>1 (1 ) 1   1   1   1   1   1   1   1   1   </u>
84 City F1 85 Zi	p Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating):  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
The state of the s	
NAME I DEVINITIES TOTALE AS M	
NAME REYNOLDS, DOUGLAS H. 12 NAME 13 STREET ADDRESS	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90036 041 \*\*\*150.00