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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V29708**1. Corporation Name

(7)

UNEEKWARE, INC.

FILEI	)
Apr 23 1997	8:00am
Secretary o	f State



Principal Place of Business Mailing Address  4201 MEADOW HILL DR 4201 MEADOW HILL DR TAMPA FL 33624 US US			3. Date Incorporated or Qualified 04/16/1992	3a. Date 04/26/		Report		
2. Principal	Piace of Business	2a. Mailing Address		·	4. FEI Number	1 - 4 - 4		pplied For
21]		26			59-3149998		N	ot Applicable
State, Ap	ot.#, elc	Suite, Apt. #, etc.		. ,	5. Certificate of Status Desired		•	Additional
(2)	ata	27 City & State						lequired
City & St	cite:	28			6. Election Campaign Financing Trust Fund Contribution	m		May Be to Fees
<b>2</b> ip	Country	Zip	Coun	try	This corporation has liability for	intencible tax		
24	25	29	30			Yes		J. 100.00E,
	9. Name and Address o	Current Registered Agent	<u> </u>		10. Name and Address of New Re	gistered Age	ent	
НО	WE, RICKY A		] (	Name				
	01 MEADOW HILL DR		la la	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
TA	MPA FL 33624							
			ļi	33				
			} <sub>7</sub>	14 City			85 Zip	Code
			i		orporation submits this statement for the p	一上	_]	
			റെ സ		ation's board of directors. I hereby accept	- ///./	10-	
SIGNATURE	Signalare, typed or printed Junio of reg	jisered Inject and title II applicable. (NC ERS AND DIRECTORS	Rich	4 A. H	DUE Lired when reinstating)  ADDITIONS/CHANGES TO OFFICE	Y/15 DATE	197	RS IN 12
	Signature system of printed June of reg OFFIC		RICE Pegistered	Agent signature req	DWE wired when reinstating)	DATE CERS AND D	197	
12.	OFFIC  D MAGGIO, DOMINICK F.	ERS AND DIRECTORS	RIG TE: Registered 13.	A, Ht Agent signature req	DWE wired when reinstating)	DATE CERS AND D	197 IRECTO	
<b>12.</b> THILE	D MAGGIO, DOMINICK F. 519 LANTERN CIRCLE	ERS AND DIRECTORS	RICE TE: Registered 13. 1.1 TITL 1.2 NAA	A, Ht Agent signature req	DWE wired when reinstating)	DATE CERS AND D	197 IRECTO	
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14. I do 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 off-cer 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 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Ptione #