

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V37248** (4)

1. Corporation Name

**UNITED NATIONS CONSUL CONSULTANTS, INC.**



Principal Place of Business

**1234 AIRPORT RD STE 205  
#105  
DESTIN FL 32541  
US**

Mailing Address

**1234 AIRPORT RD STE 205  
#105  
DESTIN FL 32541  
US**

2. Principal Place of Business

**21 215 Mountain Dr'  
Suite, Apt. #, etc. #107**

**22 City & State  
23 DESTIN, FL**

**24 Zip 32541 25 Country**

2a. Mailing Address

**26 215 Mountain Dr'  
Suite, Apt. #, etc. #107**

**27 City & State  
28 DESTIN, FL**

**29 Zip 32541 30 Country**

3. Date Incorporated or Qualified

**05/19/1992**

3a. Date of Last Report

**05/12/1995**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**OSBORNE, ROBERT PAUL  
1234 AIRPORT RD  
#105  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

**81 Name OSBORNE, ROBERT PAUL  
82 Street Address (P.O. Box Number is Not Acceptable)  
215 MOUNTAIN DR #107  
83  
84 City DESTIN FL 85 Zip Code 32541**

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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent Signature required when terminating)

**3/5/96**  
DATE

12. OFFICERS AND DIRECTORS

**TITLE D  
NAME THOMSCHITZ, GOTTFRIED  
STREET ADDRESS 1234 AIRPORT RD #205  
CITY-ST-ZIP DESTIN FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96 904-654-5066**  
DATE Daytime Phone #

CR2E034 (12/95)