

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 # **V72514 (5)**
1. Corporation Name
UNITED PURCHASING ASSOCIATION, INC.



Principal Place of Business: **1101 CORNWALL ROAD SANFORD FL 32773 US**
Mailing Address: **1101 CORNWALL ROAD SANFORD FL 32773 US**

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **05-0389082**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**MORAN, THOMAS P
111 N. ORANGE AVENUE
SUITE 900
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____

12. OFFICERS AND DIRECTORS
11.1 TITLE: **D** DELETE
11.2 NAME: **CORP, WILLIAM SR**
11.3 STREET ADDRESS: **1101 CORNWALL RD.**
11.4 CITY-STATE-ZIP: **SANFORD FL**
11.5 TITLE: **D** DELETE
11.6 NAME: **CORP, WILLIAM JR**
11.7 STREET ADDRESS: **1101 CORNWALL RD.**
11.8 CITY-STATE-ZIP: **SANFORD FL**
11.9 TITLE: **D** DELETE
11.10 NAME: **CORP, SHIRLEY**
11.11 STREET ADDRESS: **1101 CORNWALL RD.**
11.12 CITY-STATE-ZIP: **SANFORD FL**
11.13 TITLE: **D** DELETE
11.14 NAME: **CORP, DOUGLAS M**
11.15 STREET ADDRESS: **1101 CORNWALL RD.**
11.16 CITY-STATE-ZIP: **SANFORD FL**
11.17 TITLE: DELETE
11.18 NAME: _____
11.19 STREET ADDRESS: _____
11.20 CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: Change Addition
12.2 NAME: _____
12.3 STREET ADDRESS: _____
12.4 CITY-STATE-ZIP: _____
12.5 TITLE: Change Addition
12.6 NAME: _____
12.7 STREET ADDRESS: _____
12.8 CITY-STATE-ZIP: _____
12.9 TITLE: Change Addition
12.10 NAME: _____
12.11 STREET ADDRESS: _____
12.12 CITY-STATE-ZIP: _____
12.13 TITLE: Change Addition
12.14 NAME: _____
12.15 STREET ADDRESS: _____
12.16 CITY-STATE-ZIP: _____
12.17 TITLE: Change Addition
12.18 NAME: _____
12.19 STREET ADDRESS: _____
12.20 CITY-STATE-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]* **W.T. Corp** **1/17/96 407-323-6250**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)

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