

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **642113** (5)

1. Corporation Name  
**UNIVERSAL CREDIT SERVICE, INC.**



Principal Place of Business  
**660 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**P.O. BOX 151290  
ALTAMONTE SPRINGS FL 32715  
US**

3. Date Incorporated or Qualified <b>10/18/1979</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>59-2167591</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business  
21 **498 PALM SPRINGS DRIVE**  
22 **SUITE 345**  
23 **ALTAMONTE SPRINGS, FL**  
24 **32701** 25 **U.S.**

2a. Mailing Address  
26  
27  
28  
29  
30

9. Name and Address of Current Registered Agent

**BATTEN, FLOYD F  
660 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>498 PALM SPRINGS DRIVE</b>
83	<b>SUITE 345</b>
84 City	<b>ALTAMONTE SPRINGS FL</b>
85 Zip Code	<b>32701</b>

11. Pursuant to the provisions of Sections 607.04(2) 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 607.05(b), Florida Statutes.

SIGNATURE: **NOT REQUIRED - ADDRESS CHANGE ONLY**

12. OFFICERS AND DIRECTORS

1. NAME	<b>P BATTEN, FLOYD F</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>660 PALM SPRINGS DR.</b>	
3. CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	
4. NAME		<input type="checkbox"/> DELETE
5. STREET ADDRESS		
6. CITY - ST - ZIP		
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY - ST - ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>498 PALM SPRINGS DRIVE, SUITE 345</b>	
3. CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>	
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY - ST - ZIP		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY - ST - ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. 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: **F F Batten** President  
FLYND F. BATTEN  
1/18/96 (409) 831-8080

CR2E034 (12/95)