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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738910 (9)

1. Corporation Name
UNIVERSAL AID FOR CHILDREN, INC.



Principal Place of Business 1600 S. FEDERAL HWY. 2ND FLOOR HOLLYWOOD FL 33020	Mailing Address FIRST UNION BANK BUILDING, 2ND FLOOR 1600 SOUTH FEDERAL HWY. HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified
05/11/1977

4. FEI Number
59-1739205

Applied For	Not Applicable
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21. Principal Place of Business 167 SW 6th St.	2a. Mailing Address 167 SW 6th St.
22. Suite, Apt. #, etc. Pompano Beach	27. Suite, Apt. #, etc.
23. City & State Florida	28. City & State Pompano Beach, FL
24. Zip 33060	25. Country USA
29. Zip 33060	30. Country U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

KELLOGG, LORRI S.
256 S.W. 10TH COURT
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAMER, RAY	
STREET ADDRESS	15904 SW 300 TERR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MURRAY, KEVIN	
STREET ADDRESS	5326 ALTON ROAD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POMEROY, ROBERT	
STREET ADDRESS	408 NE 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEINER, PAT	
STREET ADDRESS	7000 SW 146TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKOVIC, REBECCA	
STREET ADDRESS	7130 CORAL BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERTA JAFFE	
STREET ADDRESS	12300 SW 68 Lane	
CITY-ST-ZIP	MIAMI, FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRY Sickles	
1.3 STREET ADDRESS	9180 NW 53rd MANOR	
1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosa Buckner	
2.3 STREET ADDRESS	4005-B Village Drive	
2.4 CITY-ST-ZIP	DeLray Beach, FL 33445	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARITZA ALONSO	
3.3 STREET ADDRESS	1315 Country Club Prado	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alice Chan	
4.3 STREET ADDRESS	8790 SW 57th St.	
4.4 CITY-ST-ZIP	Cooper City, FL 33328	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LISA DEPACE	
5.3 STREET ADDRESS	7560 NW 74 PLACE	
5.4 CITY-ST-ZIP	PARKLAND, FL 33067	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DEBRA LAYNE	
6.3 STREET ADDRESS	3327 Carambola Circle So.	
6.4 CITY-ST-ZIP	Cocanut Creek, FL 33066	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ (2/1/98) (205) 252-4806

CR2E037 (10/97)