## 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

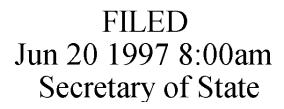
## DOCUMENT # F9600001247 (3)

UNIVERSAL FUNDING SERVICES, INC.

Pr	in	cipal	Piace	of	Bus	iness

Mailing Address

3164 EAST LA PALMA, SUITE O ANAHEIM CA 92808 3164 EAST LA PALMA, SUITE O ANAHEIM CA 92806-2811





ANAHEIM CA	92908	ANAHEIM CA 92806-2811								
						3. Date Incorporated or Qualified 03/12/1996	<b>38.</b> Da	ite of L	ast Re	eport
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Ap.	olied For	
21		26			33-0415691			No	. Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	е	City & State				Election Campaign Financing     Trust Fund Contribution				May Be Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i	ntangible	tax un	der s	199.032,
24	25	29	30			Florida Statutes	Yes [	ON [		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	jistered /	Agent		
	LFE, LARRY			81	Name					
	A JOHN KNOX ROAD		1	82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
TALI	LAHASEE FL 32303-6643			В3	-					
				84	City			85	Zip C	lode
44 5		1005 (500 5)					<u> </u>	لــــــــــــــــــــــــــــــــــــــ		· · · · · · · · · · · · · · · · · · ·
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida Such change was tions of, Section 607.0505, Fl	tes, the ab authorized Iorida Statt	ove I by rtes	)-named co   the corpor  }.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of the app	chang pintme	ing its nt as r	registered egistered
SIGNATURE	Signature, lyped or printed name of registered agen	it and title it applicable (NO	1L: Registered	Age	nt signature req	uired when reinstating)	DATE			<del></del>
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	S IN 12
TIFLE	PČ	☐ DELETE	1.1 101	LE.				Ch	ange	Addition
NAME	DRUBIN, SHARON		1.2 NAI	ME						
STREET ADDRESS	215 VIA MONTANERA		1.3 STF	REET .	ADDRESS					
CITY-ST-ZIP	ANAHEIM HILLS CA		1.4 CIT	Y-\$1	1- <b>7</b> IP		···			
TITLE	WC	DELETE	2.1 1171	E				∐ Chi	ınge	Addition
NAME	SLEDGE, ROBERT		2.2 NAI							
STREET ADDRESS	9122 CRAWFORD CIRCLE				ADDRESS					
CITY-ST-ZIP	HUNTINGTON BEACH CA	DETELE	2 4 01		I - ZIP	.,		1 1 6		1 4 4 190
TITLE NAME	TSD NICHOLS, JACK	☐ Detest	3.1 111					Cha	inge	Addition
STREET ADDRESS	7605 RIVERBROOK		3.2 NA		I DDD V CO					
CITY-ST-ZIP	DALLAS TX				ADDRESS					
TITLE	D	DELETE	3.4. CIT		1-202		<del></del>	Cha	inne	Addition
NAME	PLACE, JOHN	<del>-</del>	4. 2 NA					<b></b>	··eu	
STREET ADDRESS	3800 PARK VIEW LANE #6D				ADDRESS					
CITY-ST-ZiP	IRVINE CA		4.4 CIT							
TITLE		DELETE	5.1 7(1)					☐ Cha	inge	Addition
NAME			5.2 NAN	Æ				_	•	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		1					
TITLE		☐ DELETE	6.1 TITL					Cha	nge	Addition
NAME			6.2 NAM	Æ					-	
STREET ADDRESS			6.3 STR	EET /	ADDRESS					
CITY-ST-ZIP			6.4 CIT	<u>/-</u> ST	I-ZIP					
4.4										

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 officer or director of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attachment with an address.