

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000001764 (7)**

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



Principal Place of Business  
**2450 SEVERN AVE #214  
METAIRIE LA 70001**

Mailing Address  
**2450 SEVERN AVE #214  
METAIRIE LA 70001-1972**

3. Date Incorporated or Qualified **04/09/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **72-1123460** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, MICHAEL  
4830 W KENNEDY BLVD #970  
TAMPA FL 33609**

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 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HAUSWIRTH, ALTON O JR	
STREET ADDRESS	3301 E ESPLANADE AVE #04056-A	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, SANDY S	
STREET ADDRESS	3336 CASTLE DR	
CITY-ST-ZIP	KENNER LA 70065	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BUSH, CYNTHIA A	
STREET ADDRESS	2222 LOUMOR AVE	
CITY-ST-ZIP	METAIRIE LA 70001	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2856 STEAMSHIP CIRCLE, UNIT D
1.4 CITY-ST-ZIP	HARRISMAN, LA 70123
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	123 W. ESPLANADE, APT. F101
2.4 CITY-ST-ZIP	KENNER, LA 70065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, on an attachment with an address.

SIGNATURE: *Alton O. Hauswirth, Jr.* **ALTON O. HAUSWIRTH, JR.**  
PRESIDENT

CR2E034 (9/96)