

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H04799** (3)
1. Corporation Name
UNIVERSITY CADILLAC, INC.



Principal Place of Business
**6363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309**

Mailing Address
**6363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309-6119**

3. Date Incorporated or Qualified **05/23/1984** 3a. Date of Last Report **03/26/1996**
4. FEI Number **59-2414451** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MACINNES, DONALD A
MORSE OPERATIONS, INC.
6363 N.W. 6TH WAY, SUITE 400
FT. LAUDERDALE FL 33309**

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 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 *Donald A MacInnes* DATE **1/21/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MORSE, EDWARD J	
STREET ADDRESS	6363 N.W. 6TH WAY, SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORSE, EDWARD J JR	
STREET ADDRESS	6363 N.W. 6TH WAY, SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEAVER, RICHARD L	
STREET ADDRESS	6363 N.W. 6TH WAY, SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MACINNES, DONALD A	
STREET ADDRESS	6363 N.W. 6TH WAY, SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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, or on an attachment with an address.

SIGNATURE: *Donald A MacInnes* DATE: **1/21/97** DAYTIME PHONE #: **954-381-0055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)