

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25141** (5)

1. Corporation Name

**UFSB ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD FL 33021 US	3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD FL 33021-6746 US

3. Date Incorporated or Qualified <b>03/02/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2391001</b>	Applied For Not Applicable
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, HENRY J**  
**4601 SHERIDAN ST**  
**STE 500**  
**HOLLYWOOD FL 33021**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, HENRY J</b>	1.2 NAME	
STREET ADDRESS	<b>4601 SHERIDAN ST STE 500</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEMPEL, LORRAINE R</b>	2.2 NAME	
STREET ADDRESS	<b>3850 HOLLYWOOD BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, RUTH</b>	3.2 NAME	
STREET ADDRESS	<b>4601 SHERIDAN ST STE 500</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNFELD, ROBERT M.</b>	4.2 NAME	
STREET ADDRESS	<b>3850 HOLLYWOOD BLVD #400</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUGAR, MARTIN</b>	5.2 NAME	
STREET ADDRESS	<b>3850 HOLLYWOOD BLVD #401</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**ROBERT M. CORNFELD**

**4/9/97** (954) **989-2200**

Date

Daytime Phone # **0021545**

CR2E037 (9/96)