


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90274 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N25141</b>					
1. Corporation Name <b>UFSB ASSOCIATION, INC.</b>					
Principal Place of Business <b>3850 HOLLYWOOD BLVD</b> <b>STE 400</b> <b>HOLLYWOOD FL 33021</b> <b>US</b>			Mailing Address <b>3850 HOLLYWOOD BLVD</b> <b>STE 400</b> <b>HOLLYWOOD FL 33021</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/02/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MORGAN, HENRY J</b> <b>4601 SHERIDAN ST</b> <b>STE 500</b> <b>HOLLYWOOD FL 33021</b>				81 Name <b>Robert M. Cornfeld</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3850 Hollywood Blvd #400</b>			
				83			
				84 City <b>Hollywood</b> FL 85 Zip Code <b>33021</b>			

11. Pursuant to the provisions of Sections 617.0503 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]* DATE **4/2/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, ED		1.2 NAME		
STREET ADDRESS	4601 SHERIDAN ST STE 500		1.3 STREET ADDRESS	2445 Hollywood Blvd #105	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEMPEL, LORRAINE R		2.2 NAME	PRESTIA, Alice	
STREET ADDRESS	3850 HOLLYWOOD BLVD.		2.3 STREET ADDRESS	3850 Hollywood Blvd	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, RUTH		3.2 NAME		
STREET ADDRESS	4601 SHERIDAN ST STE 500		3.3 STREET ADDRESS	2445 Hollywood Blvd #105	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNFELD, ROBERT M.		4.2 NAME		
STREET ADDRESS	3850 HOLLYWOOD BLVD #400		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUGAR, MARTIN		5.2 NAME		
STREET ADDRESS	3850 HOLLYWOOD BLVD #401		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE **4/2/99 (954)** DAYTIME PHONE # **989-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2 E037 (1/98)