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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000081404 (4)

UNIVERSAL FINANCE INC.

Principal Place	e of Business	Mailing Address					<b>u 181 1818</b>   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881	
4679 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33064		4679 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33064-4744		İ				
						Date Incorporated or Qualified 11/19/1993	3a. Date of Last Report 06/21/1996	
	ace of Business	2a, Mailing Address			4	, FEI Number	Applied For	
Suite. Apt #, etc		26	· · · · · · · · · · · · · · · · · · ·			65-0451821	Not Applicable	
22		Suile, Apt. #, etc. 27			Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Strite	<b>(</b>	Cily & State			6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country Zip C		·	Country		8. This corporation has liability for intangible tax under s. 199.032  Florida Statutes		
9. Name and Address of Current Registered Agent					10	10. Name and Address of New Registered Agent		
FUZ	Y, GINA		B1	Name				
	NORTH DIXIE HIGHWAY IPANO BEACH FL 33064		82	Street Ad	idress (	P.O. Box Number is Not Acceptable	le)	
rom	IT AIRO DEAOITTE SOUT		83					
			84	City			85   Zip Code	
			1 - 1	,			<b>!-L</b>   '   '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						on submits this statement for the publicand of directors. I hereby accept	urpose of changing its registered the appointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						, , , , , , , , , , , , , , , , , , , ,		
SIGNATURI: Superfue, type:d or pented name of registered agent and blc if applicable. (NOTE: Registered Agent sign				ot rional wa roa	ouiral uba	an reinclation)	DATE	
12.		ND DIRECTORS	13.	iit sigriatura ted	quiret; wire	ADDITIONS/CHANGES TO OFFICE		
1010	PTS	DELETE	1.1 TITLE				Change Addition	
NAME	FUZY, GINA		1.2 NAME					
STREET ADDRESS	1430 NE 42 ST		13 STREET ADDRESS					
CITY - ST - ZiP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP					
TITLE	-···		2 1 TITLE	1	İ		Change Addition	
NAME	FUZY, FRANK G		2.2 NAME					
STREET ADDRESS	1430 NE 42 ST			2.3 STREET ADDRESS				
CITY ST CO: FT. LAUDERDALE FL			2.4 CITY~ST~ZIP 3.1 TITLE			Change Addition		
		ביין סנכנונ	3.1 111LE				CT OURSING CT VARIEDI.	
NAM: SUBELLADORESS			3.3 STREET	ADDRESS				
CITY - ST - ZIF			3.4. CITY- S	- 1				
1.1LF		DELETE	4.1 TITLE	-			Change Addition	
NAME J			4. 2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
Cii Y - \$1 - 7.≥			4.4 CITY - S	r-ziP				
1004		☐ DELETE	5.1 TITLE				Change Addition	
NAME			52 NAME		ĺ			
SYREET ADDRESS			5.3 STREET	ADORESS				
City - St - ZiP		Impa-10-	5.4 CI1Y-S	T-ZIP				
THLE		DELETE	6.1 TITLE	]		*	☐ Change ☐ Addition	
NAME:			6.2 NAME					
STREET ADDRESS			6.3 STREET	i	1			
CHY+ST ZiP			6.4 CITY-S	T-Z <del>I</del> P				

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 12 or Block 12 or Block 12 or Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE:

32E034 (9/96)

**FILED** 

Apr 02 1997 8:00am

Secretary of State