

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

**FILED**  
**Apr 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000075341 (5)**  
 1. Corporation Name  
**UNIVERSAL WIRING, INC.**



Principal Place of Business <b>418 LAKESIDE CIR SUNRISE FL 33326</b>	Mailing Address <b>418 LAKESIDE CIR SUNRISE FL 33326-4101</b>
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3. Date Incorporated or Qualified <b>10/13/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0525083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**CARO, JOSEPH L**  
**418 LAKESIDE CIR**  
**SUNRISE FL 33326**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CARO, MATTHEW J</b>	
STREET ADDRESS	<b>418 LAKESIDE CIR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CARO, JOSEPH L</b>	
STREET ADDRESS	<b>418 LAKESIDE CIR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>CARO, MARTHA B</b>	
STREET ADDRESS	<b>418 LAKESIDE CIRCLE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33326</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MELISSA CARO</b>	
1.3 STREET ADDRESS	<b>296 Racquet Club Rd #105</b>	
1.4 CITY-ST-ZIP	<b>Weston, FL 33326</b>	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Matthew J. Caro</b>	
2.3 STREET ADDRESS	<b>1529 San Sclero Cir</b>	
2.4 CITY-ST-ZIP	<b>Weston, FL 33327</b>	

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: Matt Caro DATE: 4-12-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)