

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

FILED

**Mar 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000075341 (5)
1. Corporation Name
UNIVERSAL WIRING, INC.



Principal Place of Business 418 LAKESIDE CIR SUNRISE FL 33326	Mailing Address 418 LAKESIDE CIR SUNRISE FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1304 SW 160 AVE Suite, Apt. #, etc 22 212 City & State 23 Ft. Lauderdale, FL		2a. Mailing Address 26 1304 SW 160 AVE Suite, Apt. #, etc 27 212 City & State 28 Ft. Laud., FL		3. Date Incorporated or Qualified 10/13/1994	
24 33326 25 USA		29 33326 30 USA		4. FEI Number 65-0525083	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
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	NAME	1.1 TITLE	1.2 NAME
PD	CARO, MATTHEW J	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	418 LAKESIDE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326	1.4 CITY-ST-ZIP	
PD	CARO, MATTHEW J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1529 SAN SELEPNO CIR	2.2 NAME	
CITY-ST-ZIP	WESTON FL	2.3 STREET ADDRESS	
SD	CARO, MARTHA B	2.4 CITY-ST-ZIP	
STREET ADDRESS	418 LAKESIDE CIRCLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SUNRISE FL 33326	3.2 NAME	
T	CARO, MELISSA	3.3 STREET ADDRESS	
STREET ADDRESS	295 RACQUET CLUB RD., 105	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	WESTON FL	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 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** 3-3-98 (951)389-5702
Signature and typed or printed name of signing officer or director Date Daytime Phone

CF2E034 (10/97)