

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

FILED

**Jun 12 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 # P97000094797 (2)
1. Corporation Name
UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY



Principal Place of Business 19589 NE 10TH AVE N MIAMI BEACH FL 33179	Mailing Address 19589 NE 10TH AVE N MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2875 NE 191 ST. Suite, Apt. #, etc. 22 400A City & State 23 MIAMI, FL Zip 24 33180	2a. Mailing Address 26 2875 NE 191 ST. Suite, Apt. #, etc. 27 400A City & State 28 MIAMI, FL Zip 29 33180	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 11/05/1997	4. FEI Number 65-0789077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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
**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 100002559341
83	-06/15/98-01028-031
84 City ***150.00	85 Zip Code FL

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 D	<input type="checkbox"/> DELETE
NAME MEIER, BRADLEY I	
STREET ADDRESS 19589 NE 10TH AVE	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE D	<input type="checkbox"/> DELETE
NAME SLOGOFF, REED J	
STREET ADDRESS 19589 NE 10TH AVE	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE D	<input type="checkbox"/> DELETE
NAME WILENTZ, JOEL M	
STREET ADDRESS 19589 NE 10TH AVE	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE D	<input type="checkbox"/> DELETE
NAME KELLNER, IRWIN L	
STREET ADDRESS 19589 NE 10TH AVE	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE D	<input type="checkbox"/> DELETE
NAME MEIER, NORMAN M	
STREET ADDRESS 19589 NE 10TH AVE	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 2875 NE 191 ST. #400A	
1.4 CITY-ST-ZIP MIAMI, FL 33180	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 2875 NE 191 ST #400A	
2.4 CITY-ST-ZIP MIAMI, FL 33180	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 2875 NE 191 ST. #400A	
3.4 CITY-ST-ZIP MIAMI, FL 33180	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 2875 NE 191 ST. #400A	
4.4 CITY-ST-ZIP MIAMI, FL 33180	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS 2875 NE 191 ST. #400A	
5.4 CITY-ST-ZIP MIAMI, FL 33180	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME D DE ALESSANDRO, JOSEPH P.	
6.3 STREET ADDRESS 2875 NE 191 STREET, #400A	
6.4 CITY-ST-ZIP MIAMI, FL 33180	

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:  **Bradley Meier** 5/19/98 305-792-4200

CFR2034 (10/97)