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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000081404 (4)

UNIVERSAL FINANCE INC.

Principal Place of Business

Mailing Address

4870 NORTH DIVIE HIGHWAY

4679 NORTH DIXIE HIGHWAY

## **FILED** May 01 1998 8:00am Secretary of State



POMPANO BEACH FL 33064		POMPANO BEACH FL 33064					DO NOT WRITE II	N THIS SDACE		
						2	Date Incorporated or Qualified	1 ITIS SPACE		<del></del>
						3.	11/19/1993			
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number		Δηη	lied For
n	26						65-0451821			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1_		<u>       \$8.</u>		ditional
2		27				5.	Certificate of Status Desired		ee Requ	
City & Sta	le	City & State				6.	Election Campaign Financing	\$5	. <b>00</b> м	lay Be
23		28					Trust Fund Contribution	Ac	dded to	Fees
⊸ <sup>Zip</sup>	Country	Zip	$\vdash$	untry		8.	This corporation owes or has paid		_	
<u> 4</u>	25 25 Name and Address of Currer	29	30	·	<del> </del>		Personal Property Tax due June 3			No
		it Hegistered Agent		81	Name	10.	Name and Address of New Regi	stered Agent		
	UZY, GINA				- Name					
4679 NORTH DIXIE HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable)						
	POMPANO BEACH FL 33064			83						
				84	City			FI 85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tae tha s	about o	named corr	poration	n submits this statement for the num		ing ito	rogistorod
office or	registered agent, or both, in the State im familiar with, and accept the obligation.	of Florida. Such change was	authorize	ed by t	he corpora	poration ition's b	n submits this statement for the pur board of directors. I hereby accept	pose of chang the appointme	ing its i nt as re	registered ogistered
agent. I a	im tamiliar with, and accept the obliga-	ations of, Section 607.0505, Fl	lorida Sta	atutes.						
SIGNATURE	Signature, typed or printed name of registered age	or and tillout applicable (NO)	II : Banistan	orl Agent	signature requi	irad when	reincleting	DATE		
12,	OFFICERS AN		13.	<del></del>	Bigriature requi		ADDITIONS/CHANGES TO OFFICE		ZIORS	IN 12
TITLE	PTS	DELETE		TITLE	D	TS	*	Chi		Addition
NAME	FUZY, GINA		1.2 N	NAME			- Cim		•	
STREET ADDRESS	1430 NE 42 ST		1.3.9	STREET A	DORESS T	KJ.	Gina			
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-	വ്	300	Marka JE. FI		_	
TITLE	VP	DELETE	2.1 T		1	70		<b>∐</b> Loha	ange	Addition
NAME	FUZY, FRANK G		221	NAME		1711	, frank G			
STREET ADDRESS	1430 NE 42 ST		235	STREET A	DDRESS Q	nag,				
CITY-ST-ZIP	PT AMPERRAL F. F.		2 4 1	CITY-ST	ZIP	74	ouderdo le . FL			
TITLE			ITLE				Cha	ange [	Addition	
NAME			32 N	NAME	ŀ					
STREET ADDRESS			335	STREET AS	ODRESS					
CITY-ST-ZIP			3.4. (	CITY - ST-	ZIP					
TITLE		DELET <b>E</b>	4.1 I	TLE				Cha	inge	Addition
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET AL	DDRESS					
CITY-ST-ZIP			4.4 0	CITY-ST-	ZIP					
TITLE		☐ DELETE	5.1 T	ITLE	I			Cha	nube [	Addition
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	STREET A	DRESS					
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP					
TITLE		☐ DELETE	6.1 T	ITLE				☐ Cha	inge [	Addition
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 S	TRÉET AC	DORESS					
CITY-ST-ZIP				II¥-SI-			-			
14. I hereby of indicated	certify that the information supplied wi on this annual report or supplementa	th this filing does not qualify for	or the ex	emptic	n stated in	Section	n 119.07(3)(i), Florida Statutes. I ful	ther certify tha	it the int	formation
Officer or	director of the corporation or the reca	eiver or frustee empowered to:	oxecule	io mat This re	my signatu port as req	uired by	ii nave trie same iegai errect as it m ly Chapter 607, Flogida Statutøs; an	ace un <b>de</b> r oat d that <b>m</b> y nam	∴, tnat l e appe	arrian arsin
Block 12	or Block 13 if changed, or on an attac	stim <u>eri</u> t with an address.						•		