

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

FILED
Mar 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
--	---	---

DOCUMENT # 174700 (5)

1. Corporation Name
UNIVERSAL DEVELOPMENT CORP. OF NORTH FLORIDA



Principal Place of Business C/O SIDNEY RALPH 118 WEST ADAMS ST. JACKSONVILLE FL 32201	Mailing Address C/O SIDNEY RALPH 118 WEST ADAMS ST. JACKSONVILLE FL 32201
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1953

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 9009 Southampton Ct.	26 Suite, Apt. #, etc. 9009 Southampton Ct.
22 City & State Ponte Vedra, FL	27 City & State Ponte Vedra, FL
23 Zip 32082	28 Zip 32082
24 Country St John	30 Country St. Johns

4. FEI Number 59-1087286	Applied For <input type="checkbox"/> Applied For <input checked="" 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

**RALPH, SIDNEY
~~118 WEST ADAMS ST.~~
 JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9009 Southampton Ct
83 City	PONTE VEDRA BCH, FL 32082
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	RALPH, SIDNEY	
STREET ADDRESS	118 WEST ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	DVOSKIN, IRVING	
STREET ADDRESS	3335 BRIGHT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RALPH, SHEA	
STREET ADDRESS	118 WEST ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	9009 Southampton Ct.
1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Sidney Ralph (Pres)* 3/9/98 904 285 3836

CR2E034 (10/97)