FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 28 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 181071 (2)

1. Corporation Name
UNIVERSAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
801 N E 167 ST STE 304 C/O ALBERT F. AMOROSO NO MIAMI BCH FL 33162	801 N E 167 ST STE 304 C/O ALBERT F. AMOROSO NO MIAMI BCH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1954
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21: 3583 Simms St	26: 3583 Simms St
Suite, Apt. #, etc. 22: c/o ALBERT F Amoroso	Suite, Apt. #, etc. 27: c/o ALBERT F Amoroso
City & State 23: Hollywood FL	City & State 28: Hollywood FL
Zip 24: 33021-3103 Country 25:	Zip 29: 33021-3103 Country 30:

4. FEI Number: 59-6077959 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLLOWICK, I.J. 9999 COLLINS AVE., APT 14J APT 14J BAL HARBOR FL 33153	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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	WOLLOWICK, ISIDORE	12 NAME	
STREET ADDRESS	9999 COLLINS AVE, APT. 14J	13 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TESHER, ROBERT	22 NAME	
STREET ADDRESS	1245 MADISON ST	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WOLLOWICK, JANET AMY	32 NAME	
STREET ADDRESS	1051 N.W. 124TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	WOLLOWICK, PATRICIA	42 NAME	
STREET ADDRESS	9999 COLLINS AVE., APT 14J	43 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Patricia Wollowick 2-22-95 305-866-2745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

017SN1 CA