FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 181071 (2)

1. Corporation Name

UNIVERSAL ENTERPRISES, INC.

Principal Place of Business:
3583 SIMMS ST.
C/O ALBERT F. AMOROSO
HOLLYWOOD FL 33021-3103
US

Mailing Address:
3583 SIMMS ST.
C/O ALBERT F. AMOROSO
HOLLYWOOD FL 33021-3103
US

3. Date Incorporated or Qualified: 10/14/1954
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WOLLOWICK, I.J.
9999 COLLINS AVE., APT 14J
APT 14J
BAL HARBOR FL 33153

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) *1331 SW 141 st Av Blg G Apt 3c1*
83
84 City *Pembrocke Pines* FL 85 Zip Code *33027*

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 ______

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	WOLLOWICK, ISIDORE	
STREET ADDRESS	9999 COLLINS AVE, APT. 14J	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	☐ DELETE
NAME	TESHER, ROBERT	
STREET ADDRESS	1245 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	SD	☐ DELETE
NAME	WOLLOWICK, JANET AMY	
STREET ADDRESS	1051 N.W. 124TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	☐ DELETE
NAME	WOLLOWICK, PATRICIA	
STREET ADDRESS	9999 COLLINS AVE., APT 14J	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	*1351 S.W 141 st Av Bldg G Apt 3c1*	
1.4 CITY-ST-ZIP	*Pembrocke Pines FL 33027*	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	*2000 S Ocean Blvd Apt 6E*	
2.4 CITY-ST-ZIP	*Boca Raton FL 33432*	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	*1351 S.W 141 st Av Bldg G Apt 3c1*	
4.4 CITY-ST-ZIP	*Pembrocke Pines FL 33027*	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Albert J Amoroso CPA* — Date: *2-21-96* — Daytime Phone #: *954 983 4535*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert F Amoroso CPA

CR2E034 (12/95)