


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

FILED
Feb 04 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 # **562395** (4)
1. Corporation Name
UNIVERSAL LISTING, INC.



Principal Place of Business 2400 EAST COMMERCIAL BLVD. SUITE 610 FT LAUDERDALE FL 33308	Mailing Address 2400 EAST COMMERCIAL BLVD. SUITE 610 FT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1978	
2. Principal Place of Business 21 6601 N. Andrews Ave Suite, Apt. #, etc.	2a. Mailing Address 26 6601 N Andrews Ave Suite, Apt. #, etc.
22	27
23 City & State FT LAUDERDALE FL	28 City & State FT LAUDERDALE FL
24 Zip 33309	25 Country USA
29 Zip 33309	30 Country USA
4. FEI Number 59-1986634	
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 EASOM, DEBORAH 5422 NE 25TH AVENUE FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name WITTNEBEN, DEBORAH 82 Street Address (P.O. Box Number is Not Acceptable) 5422 NE 25 AVE 83 84 City FT LAUDERDALE FL 85 Zip Code 33308	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, H A JR	1.2 NAME	SMALL, H A JR
STREET ADDRESS	4300 N OCEAN BLVD 16-J	1.3 STREET ADDRESS	4300 N Ocean Blvd 16-K
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASOM, DEBORAH	2.2 NAME	WITTNEBEN, DEBORAH
STREET ADDRESS	5422 NE 25TH AVE	2.3 STREET ADDRESS	5422 NE 25 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Deborah Wittneben* 1-7-98 954-771-3777

CR2E034 (10/97)