

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 614855 (5)

1. Corporation Name
UDC FLORIDA, INC.

Principal Place of Business: **C/O HAROLD ROTHSTEIN
650 BOCA MARINA CT.
BOCA RATON FL 33487**
Mailing Address: **C/O HAROLD ROTHSTEIN
650 BOCA MARINA CT.
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1979	3a. Date of Last Report 03/01/1994
21	22	23	24	4. FEI Number 06-1001711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. <input type="checkbox"/>		5.00 May Be Added to Fees			
7. <input type="checkbox"/>		This corporation has liability for income tax under s. 199.092, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTHSTIEN, HAROLD 650 BOCA MARINA CT. BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	85	Zip Code	
				FL			

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, HAROLD	2. NAME	
STREET ADDRESS	650 BOCA MARINA CT.	3. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 00000	4. CITY, ST, ZIP	
TITLE	ST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, HAROLD	6. NAME	
STREET ADDRESS	650 BOCA MARINA CT.	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 00000	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 110.07(3)(b), Florida Statutes. I further certify that the information furnished in 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 partner 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 of report or in an attached form with _____

SIGNATURE: Harold Rothstein DATE: 6/10/95 (203) 528-2111

CR2E034 (3/95)