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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

616361

(2)

DOCUMENT #
1. Corporation Name

UNIVERSAL IMPORTS, INC.

| I AQQDIQ BARQR AQQDE QIIDO BARQ | 8118, 118, 877, 818,1 8,611 B;41 8,611 B;42 18,611 |
|---------------------------------|--|

| Principal Place | e of Business  | M         | ailing Address                      |               |                        |                  |                            | 1 (   | mator finit ninn staff                |                             | i <b>Bišis 972ii</b>     | OLDEL BIBLI DIBLI INCI                |
|-----------------|--|-----------|-------------------------------------|---------------|------------------------|------------------|----------------------------|---|---------------------------------------|-----------------------------|--------------------------|---------------------------------------|
|                 | T ST NORTH<br>ISBURG FL 33710  |           | 2800 61ST ST NOR<br>ST PETERSBURG F |               | 0                      |                  |                            |   |                                       |                             |                          |                                       |
| i               |  |           |                                     |               |                        |                  | -                          | 3. Date Incorp.<br>04/03  | rated or Qualified<br>1979            | 3a. Da                      | te of Lest<br>06/16/     | /1995                                 |
| H               | lace of Business   | 28        | Mailing Address                     |               |                        |                  |                            | 4. FEI Number   | 444004                                |                             |                          | Applied For                           |
| 21              |  | 26        |                                     |               |                        |                  |                            | 19-2  | 144821                                |                             | -                        | Not Applicable                        |
| Suite, Apt.     | #, etc.  | $\vdash$  | Suite, Apt. #, etc.                 |               |                        |                  |                            | 5. Certificate o  | Status Desired                        |                             | \$8.7                    | 75 Additional                         |
| City & State    |  | 27        |                                     | - <del></del> |                        |                  |                            |   |                                       | <u> </u>                    | Fe                       | e Required                            |
| 23              | e  | 28        | City & State                        |               |                        |                  | '                          |   | npaign Financing                      |                             |                          | <b>00</b> May Be                      |
| Zip             | Country  | [28]      | Zip                                 |               | Country                | <del></del>      |                            | Trust Fund (  |                                       |                             |                          | ded to Fees                           |
| 24              | 25   | 29        | Σip                                 | 30            | Country                | ,                | '                          | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No |                                       |                             |                          |                                       |
|                 | 9. Name and Address of Curr  | 11        | tered Agent                         | 100           | ι                      |                  | 1                          |   | Address of New                        |                             | Agent                    |                                       |
|                 |  |           |                                     |               | 81                     | Nam              |                            |   |                                       |                             |                          |                                       |
|                 | HINSON, DONALD   |           |                                     |               | 82                     | Stro             | ot Address (               | (D.C) Pov Num   | per is Not Accept                     | a halal                     |                          |                                       |
|                 | 61ST ST NORTH  |           |                                     |               | 02                     | 3.16             | el Audress (               | (F.O. BOX NOTII   | Der is Not Accept                     | aDie)                       |                          |                                       |
| STPE            | tersburg fl  |           |                                     |               | 83                     |                  |                            |   |                                       |                             |                          |                                       |
|                 |  |           |                                     |               | 84                     | City             |                            |   |                                       |                             | Teri                     | 7in Code                              |
|                 |  |           |                                     |               |                        | -                |                            |   |                                       | FL                          |                          | Zip Code                              |
|                 | to the provisions of Sections 607.05<br>red agent, or both, in the State of Fic<br>th, and accept the obligations of, Se |           |                                     |               | above-<br>the corp     | named<br>oration | corporation<br>'s board of | n submits this st<br>directors. I here  | atement for the p<br>by accept the ap | urpose of ch<br>pointment a | anging its<br>s register | s registered office<br>ed agent. I am |
| SIGNATURE .     |  |           |                                     |               |                        |                  |                            |   |                                       |                             |                          |                                       |
| 12.             | Signature, typed or printed name of registered ag OFFICERS A   |           |                                     |               | •                      | nt signatu       | re required when           |   | 0.144,050.70.05                       | DATE                        |                          |                                       |
| TITLE           | PD   | IND DINEC | DELETE                              |               | 13.                    |                  |                            | ADDITIONS/  | CHANGES TO OF                         | FICERS AN                   | Mirata .                 |                                       |
| NAME            | HUTCHINSON, DONALD   |           |                                     |               | 1.2 NAME               |                  |                            |   |                                       |                             | ☐ Change                 | Z Addition                            |
| STREET ADDRESS  | 2800 61ST ST NORTH   |           |                                     |               | 1.3 STREET             | ANNAES           |                            |   |                                       |                             |                          |                                       |
| CITY-SI-ZIP     | ST PETERSBURG FL   |           |                                     |               | 1.4 CITY-5             |                  | <b>"</b>                   |   |                                       |                             |                          |                                       |
| TITLE           |  |           | ☐ DELETE                            |               | 2 1 TITLE              | 4.11             | <del> </del>               |   |                                       |                             | Change                   | Addition                              |
| NAME            |  |           |                                     |               | 22 NAME                |                  |                            |   |                                       |                             |                          |                                       |
| STREET ADDRESS  |  |           |                                     |               | 2 3 STREET             | ADDRES           | s                          |   |                                       |                             |                          |                                       |
| CITY - ST - ZIP |  |           |                                     |               | 2 4 CiTY - S           | T-ZIP            |                            |   |                                       |                             |                          |                                       |
| TITLE           |  |           | ☐ DELETE                            |               | 3. 1 TITLE             |                  |                            |   |                                       |                             | Change                   | Addition                              |
| NAME            |  |           |                                     |               | 3.2 NAME               |                  |                            |   |                                       |                             |                          |                                       |
| STREET ADDRESS  |  |           |                                     | - 1           | 3.3 STREE              | ADDRES           | s                          |   |                                       |                             |                          |                                       |
| CHY-ST-ZIP      |  |           |                                     |               | 3 4 CITY - S           | T-ZIP            |                            |   |                                       |                             |                          |                                       |
| 1ITLE           |  |           | DELETE                              | •             | 4. 1 TITLE             |                  |                            |   |                                       |                             | Change                   | Addition                              |
| NAME            |  |           |                                     | 1             | 4.2 NAME               |                  |                            |   |                                       |                             |                          |                                       |
| STREET ADDRESS  |  |           |                                     |               | 43 STREET              |                  | S                          |   |                                       |                             |                          |                                       |
| CITY - ST - ZIP |  |           | FT DELETE                           |               | 4.4 CITY-S             | T-ZIP            |                            |   |                                       |                             |                          |                                       |
| TITLE<br>NAME   |  |           | DELETE                              |               | 5 1 TITLE              |                  |                            |   |                                       |                             | Change                   | Addition                              |
| STREET ADDRESS  |  |           |                                     | - 1           | 5.2 NAME               |                  |                            |   |                                       |                             |                          |                                       |
| CITY - ST- ZIP  |  |           |                                     |               | 5.3 STREET             |                  | · [                        |   |                                       |                             |                          | 1                                     |
| TITLE           |  |           | DELETE                              |               | 54 CITY-S<br>6 1 TITLE | I - ZIP          | <del> </del>               |   |                                       |                             | Channe                   | T' ANDRES                             |
| NAME            |  |           | ال مددد                             |               |                        |                  |                            |   |                                       |                             | Change                   | Addition                              |
| STHEET ADDRESS  |  |           |                                     |               | 6.2 NAME<br>6.3 STREET | #UUDE&           | ,                          |   |                                       |                             |                          |                                       |
| CITY-S1-ZIP     |  |           |                                     |               |                        |                  | `                          |   |                                       |                             |                          |                                       |
| 4 4 1 2 5 5 5 5 |  |           |                                     |               | 6.4 CITY - S           | 1-614            |                            |   |                                       |                             |                          |                                       |

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:

DONALD HUTCHINSON ) 4.22.96 347.8929

ER OR DIRECTOR

Date

Date