

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838511 (4)
1. Corporation Name
UNIVERSAL PREMIUM ACCEPTANCE CORPORAITON



Principal Place of Business Mailing Address
8245 NIEMON- NIEMAN 8245 NIEMON RD NIEMAN RD
STE 100 STE 100
LENEXA KS 66214 LENEXA KS 66214
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 06/01/1977	
4. FEI Number 43-0908552	Applied For Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent B1 Name Corporation Service Company B2 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street B3 B4 City Tallahassee FL B5 Zip Code 32301	
---	--	--	--

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 *Karen B. Rozer* Karen B. Rozer, As Its Agent DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, TIMOTHY	1.2 NAME	
STREET ADDRESS	8245 NIEMON RD STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66214	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERPE, LEROY A	2.2 NAME	
STREET ADDRESS	8245 NIEMON RD STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66214	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, RANDALL DL	3.2 NAME	
STREET ADDRESS	8245 NIEMON RD STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS 66214	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Ted Mc Carter	4.2 NAME	
STREET ADDRESS	8245 Nieman Rd, Ste 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lenexa KS 66214	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark A. Foltz	5.2 NAME	
STREET ADDRESS	8245 Nieman Rd, Ste 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lenexa KS 66214	5.4 CITY-ST-ZIP	
TITLE		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 *R. J. ...* 3-19-98

CR2E034 (10/97)

RECEIVED

APR 02 1998

UPAC

100002491201-85
-04/16/98--01107-007
****150.00 ****150.00