

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **849753** (9)  
1. Corporation Name  
**UNIVERSAL CONSTRUCTION COMPANY INC.**

FILED  
Sep 03 1997 8:00am  
Secretary of State



Principal Place of Business  
**336 JAMES RECORD RD  
P O BOX 6046  
HUNTSVILLE AL 35824-1514**

Mailing Address  
**336 JAMES RECORD RD  
P O BOX 6046  
HUNTSVILLE AL 35824-1514**

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |                                                                                    |  |                                              |  |
|--------------------------------|--|------------------------|--|------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>07/17/1981</b>                             |  | 3a. Date of Last Report<br><b>08/08/1996</b> |  |
| 21                             |  | 26                     |  | 4. FEI Number<br><b>63-0811070</b>                                                 |  | Applied For<br>Not Applicable                |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required               |  |
| 23 City & State                |  | 28 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                  |  |
| 24 Zip                         |  | 25 Country             |  | 29 Zip                                                                             |  | 30 Country                                   |  |
| 24                             |  | 25                     |  | 29                                                                                 |  | 30                                           |  |

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

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| FL | 85 Zip Code                                        |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MCNEIELL, ALFORD T.</b>                          | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>375 HUDSON ST.</b>                               | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>NEW YORK, NY 0</b>                               | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>TAS</b> <input type="checkbox"/> DELETE          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MAKEMSON, JAMES</b>                              | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>336 JAMES RECORD RD.</b>                         | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>HUNTSVILLE AL</b>                                | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BURNS, RUSSELL</b>                               | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>336 JAMES RECORD RD</b>                          | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>HUNTSVILLE AL</b>                                | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>VUMBACCO, J</b>                                  | 4.2 NAME                                              | <b>Secretary</b>                                                             |
| STREET ADDRESS             | <b>375 HUDSON ST.</b>                               | 4.3 STREET ADDRESS                                    | <b>Sara J. Gozo</b>                                                          |
| CITY-ST-ZIP                | <b>NEW YORK, NY 0</b>                               | 4.4 CITY-ST-ZIP                                       | <b>375 Hudson Street</b>                                                     |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PARMELEE, HAROLD J.</b>                          | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>375 HUDSON ST.</b>                               | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>NEW YORK, NY 0</b>                               | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SANCHEZ, AL P.</b>                               | 6.2 NAME                                              | <b>Director</b>                                                              |
| STREET ADDRESS             | <b>100 ERIEVIEW PLAZA</b>                           | 6.3 STREET ADDRESS                                    | <b>Michael B. Smith</b>                                                      |
| CITY-ST-ZIP                | <b>CLEVELAND OH</b>                                 | 6.4 CITY-ST-ZIP                                       | <b>2500 S. W. 3rd Avenue</b>                                                 |

14. I do 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 *James Makemson* 8/27/97 205/461-0568

CP2E034 (4/97)