FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation N UNIVER		• •	, INC.		
Principal Place of Business 1136 E.9TH STREET P.O.BOX 3038 JACKSONVILLE FL 32206		Mailing Address 1136 E.9TH STREET P.O.BOX 3038 JACKSONVILLE FL 32206		3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FET Number Applied For 59-2 153408 Not Applied by	
21 Suite, Apt. #,	etc.	26 Suite, Apt. #, etc.		5. Certificate of Status Desired [7] \$8.75 Additional	
City & State		27 1/8 State		6. Election Campaign Financing \$5.00 May Be	
23		28 YA GAY & State	- ·	Trust Fund Contribution Added to Fees	
Zip 24	Country —	Zip 29	Gountry 30	B. This corporation has liability for intangible tax under s 199.032, Horida Statutes	
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
ALLEN	DONALD D		81 Name		
ALLEN, DONALD R 1136 E 9TH ST JACKSONVILLE FL 32208			B2 Stree	t Address (F.O. Box Number is Not Acceptable)	
			B3	(N)	
			84 City	— 85 Zip Code	
SIGNATURE SIGNATURE 12. TITLE NAME	ALLEN, DONALD R.	ri and title clappication ND DIRECTORS	13. 1.1 TILLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
STREET ADDRESS	1136 E 9TH ST JACKOSNVILLE, FL 00000)	1.3 STREET ADDRESS		
CITY - S1 - ZIP	ST	DELETE	1.4 CHY+\$1+ZIP 2.1 THU	Crange Addition	
NAME STREET ADDRESS CITY-SI-ZIP	ALLEN, NAOMI 1136 E 9TH ST JACKOSNVILLE, FL 0000X)	2.2 NAME 2.3 STREET ADDRESS 2.4 O(TY-ST) ZIP	5	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 Title	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS	8	
CiTY-ST-ZIP TITLE		DELETE	34 CITY - S! - 7iP 4 * TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CHY+SF-ZIP 5.1 THLE	Change Addition	
NAME		base of	5.2 NAME	_	
STREET ADDRESS			53 STREET ADDRESS		
C11Y - ST - ZIP		☐ DELETE	5 4 CITY - S1 - ZIF 6 1 TILLE	Change Addition	
TITLE NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	5	
CITY-ST-ZIP			€ 4 011 Y - \$1 - 710		
certify that t eath; that I	the information indicated on this an	inual report or supplemental ar poration or the receiver or trus	inual report is true and : lee empowered to exec	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under suite this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME

3/11/96 355-3634 Olymphia 2