

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000684 (2)

1. Corporation Name

UNIVERSAL ROADMASTER, INC.

APPROVED
AND
FILED

96 SEP -3 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

FOOT OF LINDEN AVENUE EAST
JERSEY CITY NJ 07305
US

FOOT OF LINDEN AVENUE EAST
JERSEY CITY NJ 07305
US

2. Principal Place of Business

2a. Mailing Address

21 248 PATERSON PLANK RD
Suite, Apt #, etc

26 248 PATERSON PLANK RD
Suite, Apt #, etc

22 City & State

27 City & State

23 CARLSTADT, NJ

28 CARLSTADT, NJ

24 Zip 07305 25 Country

29 Zip 07305 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENTRY, OAKLEY JR
1500 NW 49 ST., SUITE 203
FT LAUDERDALE FL 33309

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

Signature of person in charge of corporation (agent and director acceptable)

(Date) Registered Agent Signature (required when instituting change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME CATANIA, COSMO
STREET ADDRESS 710 BEACHWOOD DRIVE
CITY - ST - ZIP TOWNSHIP OF WASHINGTON NJ

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3127 N.E. 40TH COURT
FORT LAUDERDALE, FL 33308

TITLE VCP
NAME CATANIA, JAMES
STREET ADDRESS 437 MAYFAIR DRIVE, SOUTH
CITY - ST - ZIP BROOKLYN NY 11234

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

6 JUDSON LANE
CAMPBELL HALL, NY 10916

TITLE VSD
NAME CATANIA, JOHN
STREET ADDRESS 150 HIGHLAND RIDGE ROAD
CITY - ST - ZIP MANALAPAN NJ

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE T
NAME CATANIA, JOHN
STREET ADDRESS 150 HIGHLAND RIDGE ROAD
CITY - ST - ZIP MANALAPAN NJ

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display & Print Name