

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000684 (2)

1. Corporation Name
UNIVERSAL ROADMASTER, INC.

Principal Place of Business
248 PATTERSON PLANK RD
CARLSTADT NJ 07305
US

Mailing Address
248 PATTERSON PLANK RD
CARLSTADT NJ 07072-2301
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 09/03/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-3055446	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, COSMO	1.2 NAME	
STREET ADDRESS	3127 NE 40TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VCP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, JAMES	2.2 NAME	
STREET ADDRESS	6 JUDSON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL HALL NY 10916	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, JOHN	3.2 NAME	
STREET ADDRESS	150 HIGHLAND RIDGE ROAD	3.3 STREET ADDRESS	404 FOWNS ROW
CITY-ST-ZIP	MANALAPAN NJ	3.4 CITY-ST-ZIP	MORGANVILLE NJ 07751
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANIA, JOHN	4.2 NAME	
STREET ADDRESS	150 HIGHLAND RIDGE ROAD	4.3 STREET ADDRESS	404 FOWNS ROW
CITY-ST-ZIP	MANALAPAN NJ	4.4 CITY-ST-ZIP	MORGANVILLE NJ 07751
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in person; 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 the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: _____ Day: _____ Phone: _____

CR2E034 (9/96)