

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F94000004886 (7)**

1. Corporation Name  
**UNIVERSAL UNDERWRITERS ACCEPTANCE CORPORATION**



Principal Place of Business  
**6363 COLLEGE BLVD.  
OVERLAND PARK KS 66211  
US**

Mailing Address  
**6363 COLLEGE BLVD.  
OVERLAND PARK KS 66211**

3. Date Incorporated or Qualified  
**09/21/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**48-1148905**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**TAYLOR, JIM  
19-- SUMMIT TOWER BLVD, SUITE 220  
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **Jim Taylor**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1900 Summit Tower Blvd. Suite 220**

83

84 City **Orlando**

85 Zip Code **FL 32810**

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 Jim Taylor  
Signature, typed or printed name of registered agent and that it applies to (NAME, Title and Address of registered agent in Section 12)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, K F	
STREET ADDRESS	14624 EBY	
CITY - ST - ZIP	OVERLAND PARK KS	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GROSS, C J	
STREET ADDRESS	809 SPRINGWOOD DR.	
CITY - ST - ZIP	BLUE SPRINGS MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RYAN, M J	
STREET ADDRESS	7605 W. 101ST ST.	
CITY - ST - ZIP	OVERLAND PARK KS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, B J	
STREET ADDRESS	13009 FONTANA	
CITY - ST - ZIP	LEAWOOD KS 66209	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STARNES, C R	
STREET ADDRESS	10763 LARSON	
CITY - ST - ZIP	OVERLAND PARK KS 66210	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLSON, L E	
STREET ADDRESS	12711 WENONGA	
CITY - ST - ZIP	LEAWOOD KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Lyle Polson, Vice President 3/23/96 (913) 339-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)