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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95 00005646

FILED
May 04 1998 8:00am
Secretary of State

UNIVERSAL NETWORK, INC. OF OHIO								
Principal Place of Business Mailing Address						<u> </u>		
5647 Beneva Road Sarasota, Fl. 34233 5647 Beneva Road Sarasota, Fl. 34233						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified April 27, 1995		
2. Principal Place of Business 2e. Mailing Address						4. FEI Number 31-1434833	 	oplied For
21 5647 Beneva Road 26 5647 Beneva Sulle, Apt. #, etc. Sulle, Apt. #, etc.				ı_Road		31-1434633		ot Applicable
22	π, σιο.	27	3010, Apr. #, Sic.			5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23 Sara	sota, Fl.					Trust Fund Contribution Added to Fees		
Zip 342.	Country 33 USA	^{Zip} 34233	30	ountry USA		This corporation owes or has paid to Personal Property Tax due June 30		tangible No
24	g. Name and Address of Current	120		7		10. Name and Address of New Regis		7 140
81 Name								
Ron Meredith						ess (P.O. Box Number is Not Acceptable)		
5647 Beneva Road					et Audie	ss (r.o. box Normber is Nor Acceptable)		
Sar	asota, Fl. 34233			83				
				84 City			FL 85 Zip (Code
44 Purguent	to the provisions of Sections 607.0502	and 607 1508 Florida	Statutes the	above-nam	ed corno	oration submits this statement for the nurr	· —	te registered
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 egent, 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 ART 29, 98								
SIGNATURE	Signature, typed or printed namic of registered agent		(NO1E: Registe	red Agent signs	fure require	d when reinstating)	DATE	
12.	OF LICERS AND		13			ADDITIONS/CHANGES TO OFFICER		
TITLE	President	∐ D€L	i	THEF			Change	Addition
NAME J	Ron Meredith			NAME DEGLET ADDOC]
STREET ADDRESS City-St-Zip	5647 Beneva Road		1	STREET ADDRES	20			
TITLE	Secretary-Treasu	rer DE		TITLE			Change	Addition
NAME /	Judy Meredith	101	2.2	NAME				
STREET ADDRESS	5647 Beneva Road		2.3	STREET ADDRES	SS			}
CITY-ST-ZIP	SARASOTA FL			1 CITY - ST - ZIP				
TITLE	Vice-President	☐ DEL	ETE 3.1	TITLE			Change	Addition
NAME	William Bartley		3.2	NAME				
STREET ADDRESS	5647 Beneva Road		1	STREET ADDRES	s			1
CITY-ST-ZIP	SALASOTA, E	č. □ DELI		CITY-ST-ZIP			Change	Addition
TITLE NAME	Director		•	NAME			C Change	L Addition
STREET ADDRESS	D a vid Hagen			STREET ADDRES	20			1
CITY-ST-ZIP	5647 Beneva Road	FI	1	CITY-ST-ZIP	~			-
TITLE	3/4/(#851/#	☐ DEL		TITLE			☐ Change	Addition
NAME			5.2	NAME		40000251C -05/05/9801044) 744	-
STREET ADDRESS			5.3	STREET ADDRES	S		016	[
CITY-ST-ZIP				CITY-ST-ZIP		***150.00		
TITLE		DELI		TITLE		.4/	\ □ Change	Addition
NAME				NAME)	ly.	
STREET ADDRESS				STREET ADDRES	S	1 7	17	}
CITY-ST-ZIP	certify that the information supplied with	this filing does not a		CITY-ST-ZIP	ated in S	Section 119 07(3)(i) Florida Statutes Lifur	ther certify that the	information

I. I 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 eath; 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.