May 06, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G11918

1. Corporation Name

UNIVERSAL MARKETING AND SALES, INC.

Principal Place of Business Mailing Address							(LOBINIA BROLLING) HOLD 18191 (MAIL 1811 A			911 91917 1991	
% JACK G. PASCHAL 413 MARLIN RD. 413 MARLIN RD. N. PALM BEACH FL 33408 N. PALM BEACH FL 33408							DO NOT WRITE IN THIS SPACE				
			_				 Date Incorporated or Qualifed 12/06/1982 				
Principal Place of Business 2a. Mailing Address							4. FEI Number Applie				
21		26					59-2239114			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			C.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
→ - " - " - " - " - " - " - " - " - " -			& State			_]	6. Election Campaign Financing Trust Fund Contribution — S5.00 May Be Added to Fees —				
Zip Country Zip 24 25 29			Country 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes No				
	9. Name and Address of	of Current Registered Agent				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registe	red Agent			
				81	Name		<u> </u>				
PASCHAL, JACK G. 413 MARUN RD.				82	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
N. PALM BEACH FL 33408				83							
				Щ				امدا	Zir C	ada	
				84	City			FL 85	Zip C	ode	
office or r	egistered agent, or both, in t m familiar with, and accept t	the State of Florida. Such change the obligations of, Section 607.050	was authorized	i by utes	tne corpo	oration'	ation submits this statement for the purpos s board of directors. I hereby accept the a	ppointment :	as regi	egistered istered	
	Signature, typed or printed name of re	cers and title if applicable.	(NOTE: Registered	Agen	it signature re	ednised w	ADDITIONS/CHANGES TO OFFICER		CTO	2S IN 12	
12.		DELE		п -	1		ADDITIONS/CHANGES TO OFFICER	F1Cha		Addition	
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NAME	PASCHAL, JACK G. 413 MARLIN RD.			STREET ADDRESS							
STREET ADDRESS	MENINGEROUS COULD										
CITY-\$T-ZIP	N.PALM BEACH FL 33409 □ DEL			1.4 CITY-ST-ZIP				Chi	inge	Addition	
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NAME			5.2 N/							j	
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TITLE		☐ DEFE				ļ		☐ Cha	ude	Addition	
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS