

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 # H04799

(3)

1. Corporation Name

UNIVERSITY CADILLAC, INC.



Principal Place of Business

6363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309

Mailing Address

6363 N.W. 6TH WAY
SUITE 400
FT. LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MACINNES, DONALD A
MORSE OPERATIONS, INC.
6363 N.W. 6TH WAY, SUITE 400
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

05/23/1984

3a. Date of Last Report

05/18/1995

4. FEI Number

59-2414451

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if any (Block 9)

(NOTE: Registered Agent's signature is not required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME MORSE, EDWARD J
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ DELETE

TITLE P
NAME MORSE, EDWARD J JR
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ DELETE

TITLE V
NAME BEAVER, RICHARD L
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ DELETE

TITLE VTS
NAME MACINNES, DONALD A
STREET ADDRESS 6363 N.W. 6TH WAY, SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Donald A MacInnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996

Date

305-351-0055

Telephone Number

CR2E034 (12/95)