SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE DN OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE CORPORATION Sandre B. Mortham DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 21 AM 9: 39 DOCUMENT # 1. Corporation Name H38105 (3)UNIVERSAL CLEARING HOUSE, INC. Principal Place of Business Mailing Address 2850 EVANS ST 2850 EVANS ST HOLLWYOOD FL 83020 HOLLWYOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1985 04/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2498738 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 BECKER, VIVIAN L Name 2850 EVAN SST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLWYOOD FL 33020 83 84 City 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 little if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE Change Addition TITLE 1.1 TITLE FLEMING, SHIRLEY NAME 1.2 NAME 2850 EVANS ST STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIF 400002245294-04@ -07/23/97--01085--015 DELETE TITLE 21 TITLE Degensel WILKES, RUTH S. NAME 22 NAME ****165.00 2850 EVANS ST ****165.00 STREET ADDRESS 2 3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP PD DELETE Change Addition TITLE 3.1 TITLE BECKER, VIVIAN L. NAME 3.2 NAME 2850 EVANS ST STREET ADDRESS 3.3 STREET ADDRESS HOLLWYOOD FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST- ZIP DELETE ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADD 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7/P 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 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.

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