FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00									FILED				
PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				NT C rtha State	OF STATE	Sep 19 1997 8:00am Secretary of State			
DOCUN 1. Corporation	Name U 7	nivers	chshell			/ Ass	oci	lat	es, Inc		J		
Principal Place of Business Mailing Address													
721 Conchshell Manor Plantation, FL 33324									3. Date incorporated or Qualified 10/03/1985	3a. Date of Las			
2. Principal Place of Business 2a, Mailing Address								· · · · ·		4. FEI Number	<u> </u>	A	plied For
21 721 Co. Suite, Apt. #.		ell Mar	or		721 Conchshell Manor Suite, Apt. #, etc.				ior	59-2595022	\$		Additional
22					27					5. Certificate of Status Desired	<u> </u>	Fee	Required
City & State 23 Plantation, FL 33324					City & State 28 Plantation, FL				3324	Election Campaign Financing     Trust Fund Contribution			May Be
Zip		Country	,		Zip 33324		Col	untry	ard	8. This corporation has liability to	intangible tax ur		
24 33324 25 Broward 29 33324 30 Brows  9. Name and Address of Current Registered Agent										Florida Statutes Yes			
Waldman, Wallace E., MD								81	Name	(A. Manie and Sandrass of Man (Adhere) as Adent			
721 Conchshell Manor								82	Street Addre	ss (P.O. Box Number Is Not Accept	able)		
Plantation, FL 33324							83	l <u>.</u>					
								84	City		FL 85	Žip	Code
office or regis agent. I am f	stered apo	ent, or both, i	n the State of F	lorida		vas autho	rize	d by	the corporatio	pration submits this statement for the n's board of directors. I hereby access	e purpose of cha		
	Signature, t				ent and title if applic	cable.				ent signature required when reinstating)	DATE		
12. nn.e	P/D		FFICERS AND	DIRE	CTORS	FTF	$\dashv$	13.	TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIF		ORS IN 12 6
NAME STREET ADDRESS CITY - ST - ZIP	Wal 721	dman, i Conch	Mallace shell Ma n, FL 3	E., MD				1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				•	2000 480 00 480
TITLE NAME STREET ADDRESS CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·		DEL	ETE		2.21 2.38	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Chang	е	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP					DELI	ETE		3.1 T 3.2 f 3.3 S	TITLE NAME STREET ADDRESS		Chang	•	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del>-</del>	DEL	ETE		4.1 7 4.2 1 4.3 8	CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		Chang	8	Addition
TITLE NAME STREET ADDRESS					DEL	ETE		5.11 6.21 6.38	TITLE NAME STREET ADDRESS		Chang	• , 	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				_	DEL	ETE		6.1 1 6.2 1 6.3 8	CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	100022 -09/19/970 ***550.00	2 <b>5 4 4 5</b> 1 106 - 007	•1	Addition
Information I that I am an	indicated of officer or block 12 or	on this annu- director of th	al report or sup e corporation of changed, or on	pleme or the r an att	ntal annual repo eceiver or truste achment with an	ort is true se empow	and /ered	acci d to i	urate and that e execute this re	in Section 119.07(3)(i), Florida Stati my signature shall have the same le port as required by Chapter 807, Florida	gal effect as if m	ade u	nder oath;
		BIGNAT			RINTED NAME OF	-			·	t Date	Daytim	e Pho	ne#

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