5.1-97 B- 5459 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name		
1. Corporation Name	 	

(1)

UNIVERSAL HOWARD ENTERPRISES, INC.

Date of the State			Andreas Andreas				#		il 41911 Elbit s) (((C)) (E)	[82] 6] [1] [194]
Principal Place of Business Mailing Address \$ TOM HOWARD 6039 APPLE AVE COCOA FL 32927-3975 Mailing Address \$ TOM HOWARD 6039 APPLE AVE COCOA FL 32927-3975 COCOA FL 32927-3975					1 1441114 9115 911				· (***		
		00 APPLE AVE	EAVE								
					3. Date Incorporated or Qualified 03/13/1987			3a. Date of Last Report 10/03/1996			
2. Principal P	lace of Business	2a	 Mailing Address 		····		4. FEI Number				Applied For
21		26		4			<u>59-277508</u>	35			Not Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.			•	5. Certificate of S	Status Desired			5 Additional Required
22] City & Stat	e		City & State	······································			6. Election Camp	naion Financino			00 May Be
23		28					Trust Fund Co				ed to Fees
Ζφ	Country		Zιp	Coun	ry		8. This corporati	on has liability fo	r intangible	e tax µnde	er s. 199.032,
24	25	29		30			Florida Statute			No	
	9. Name and Address	of Current Regis	stered Agent		<u> </u>		0. Name and Ad	dress of New R	legistered	Agent	
	VARD, TOM			, [Name	3					
	APPLE AVE.			E	2 Street	Address	(P.O. Box Numb	er is Not Accepta	able)		******
UUU	OA FL 32927			ē	3		· · · · · · · · · · · · · · · · · · ·				
				. [<u> </u>						
				8	4 City				Fi	85 2	Zip Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 6	607,1508, Florida Stat	utes, the abo	ve-name	d corpora	tion submits this	statement for the		of changir	a its registered
office or r	to the provisions of Section registered agent, or both, im familiar with, and accep	in the State of Flor	ida, Such change was	s authorized	by the co	rporation's	s board of director	ors. I hereby acc	ept the ap	pointment	as registered
a Litropa											
Ü	in raminar with, and accep	V	or, 60000011 001.0000, 1		188.						
agent La SIGNATURE	Signature type disc ponted name o			OIE Registered /		re required w	hen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
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SIGNATURE	Signature type dior punted name o	registered agent and tille	e if applicable (No	OIE Registered /	Agent signatu	re required w		HANGES TO OFF		D DIREC	··
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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May 01 1997 8:00am

Secretary of State

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