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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J89222

UNIVERS	SAL MACHINERY ERECTOR	15, INC.										
Principal Place	e of Business	Mailing Address										
5400 W KNIGHT		P O BOX 1767										
P.O. BOX 1767 P.O. BOX 1767 PLANT CITY FL 33565 PLANT CITY FL 33564-1767			4-1767				DO NOT WRITE IN THIS SPACE					
US US			4-1107				3. Date incorporated or Qualifed					
						,	/25/1987					ļ
2. Principal P	lace of Business	2a. Mailing Address	··			4, FEI	Number	-			Applied	l For
21		26				59	-2838930	•			Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	i.	-		E Cort	tifcate of Status D	peirod			<b>5</b> Addit	
22		27				5, 061				Fee	Require	ed.
City & Stat	e	City & State				6. Elec	ction Campaign Fi	nancing	П		00 May	
23		28					st Fund Contribution		<u> </u>		ed to Fe	es
Zip	Country	Zip		untry			corporation owes				r	
24	25	29	30	_	_		sonal Property Tax			Yes		10
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		81	Ness	10. Nar	ne and Address	of New Re	gistered A	.gent		
MED	ICER, JANA			61	Name							
	W KNIGHTS GRIFFIN RD			82	Street Add	Iress (P.O. E	Box Number is No	t Acceptabl	e)			_
	NT CITY FL 33565											
r CAI	N1 011 1 E 30300			83								
				84	City		<del></del>		FL	85 Z	ip Code	,
	to the provisions of Sections 607.050									<u> </u>	ito Faci	
											,	sterea i
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change v	vas authorize	ed by ti	he corporati	ion's board	of directors. I here	by accept t	the appoin	tment as	s registe	stered red
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change vations of, Section 607.0505	was authorize 5, Florida Sta	ed by ti itutes.	ne corporati	on s board	or directors, i nere	by accept	the appoin	tment as	s registe	stered red
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: S

F. MEXCEX 3/11/99