

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K72209

(5)

NC
12/02/96
VB

1. Corporation Name
~~UNIVERSITY DR~~ CAREERS UNLIMITED, INC.



Principal Place of Business

Mailing Address

3501 UNIVERSITY DR
STE 205
CORAL SPRINGS FL 33065
US

3501 UNIVERSITY DR
STE 205
CORAL SPRINGS FL 33065-1660
US

2. Principal Place of Business

2a. Mailing Address

21 1515 University Drive

26 1515 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204 B

27 Suite 204 B

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Zip

24 33071

29 33071

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNDENFELD, ROBERT
3501 UNIVERSITY DR
STE 205
CORAL SPRINGS FL 33065

81 Name John S. Barton

82 Street Address (P.O. Box Number is Not Acceptable)
1515 University Drive

83 Suite 204 B

84 City Coral Springs, FL 85 Zip Code 33071

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 *John S. Barton* John S. Barton, President

1-29-97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARTON, JOHN S.
STREET ADDRESS 230 NW 84TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002081420
-02/07/97--01048--016
***165.00

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 in an attachment with an address.

SIGNATURE: *John S. Barton*

John S. Barton, President 1-29-97 341-7100

(954)

CR2E034 (9/96)