

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90009 018 \*\*\*150.00

DOCUMENT # L06526

1. Corporation Name

UNIVERSAL MANAGEMENT & PRODUCTION, INC.

Principal Place of Business

6239 EDGEWATER DR  
V1  
ORLANDO FL 32810  
US

Mailing Address

6239 EDGEWATER DR  
STE V-2  
ORLANDO FL 32810  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1989

4. FEI Number

59-2969509

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CAINE, A RUSSELL  
4 OCEANS WEST BLVD  
201C  
DAYTONA BCH SHORES FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PT  
CAINE, A RUSSELL  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
BROWN, STEPHEN E  
1504 ESPANOLA, 1  
HOLLY HILL FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
CAINE, LOIS K.  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
CAINE, LOIS K.  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
CAINE, LOIS K.  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
CAINE, LOIS K.  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VD  
CAINE, LOIS K.  
4 OCEANS WEST BLVD, 201C  
DAYTONA BEACH SHORES FL 32118

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)