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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L88265 (8)

1. Corporation Name

D/P UNIVERSAL SALES, INC.



Principal Place of Business

1681 LEMONWOOD RD.
JACKSONVILLE FL 32259

Mailing Address

1681 LEMONWOOD RD.
JACKSONVILLE FL 32259

2. Principal Place of Business

2a. Mailing Address

21 2999-104 HARTLEY RD

26 2999-104 HARTLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JAX, FL

28 JAX, FL

Zip

Country

Zip

Country

24 32259

25 DUVAL

29 32257

30 DUVAL

9. Name and Address of Current Registered Agent

ELLINGSON, H. RICHARD
1681 LEMONWOOD ROAD
JACKSONVILLE FL 32259

81 Name

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

2999-104 HARTLEY RD

83

84 City

JAX

FL

85 Zip Code

32257

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]

NOTES: (PATRICIA A. ELLINGSON)

4/10/96

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ELLINGSON, H. RICHARD
STREET ADDRESS 1681 LEMONWOOD RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME ELLINGSON, PATRICIA
STREET ADDRESS 1681 LEMONWOOD RD
CITY-ST-ZIP JACKSONVILLE FL

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 2999-104 HARTLEY RD
1.4 CITY-ST-ZIP JAX, FL 32257

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2999-104 HARTLEY RD
2.4 CITY-ST-ZIP JAX, FL 32257

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (908) 268-7411
DATE

CR2E034 (12/95)