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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M25180

(4)

UNIVERSAL AMERICAN FINANCE CORPORATION, I

| Principal Plac C/O MORRIS 700 NW 107TH MIAMI FL 3313 | j. Watsky I ave. | Mailing Addre C/O MORRIS 700 NW 107TI | Mailing Address C/O MORRIS J. WATSKY 700 NW 107TH AVE. MIAMI FL 33172-3161 | | | | | | | |
|---|--|---|--|--|---------------------------------------|--------------|--|-----------|---------------------------------------|----------------------------|
| | | | | | | | 3. Date Incorporated or Qualified 12/30/1965 D2/23/8 | | ate of Last F /01/1996 | Report |
| <u> </u> | lace of Business | <u></u> | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| Sulte, Apt. #, etc. | | Suite, Apt | Suite, Apt. #, etc. | | | | 59-2631276 | | | lot Applicable Additional |
| 22 | | 27 | 27 | | | | Certificate of Status Desired | | | tequired |
| City & State | | } | City & State | | | | 6. Election Campaign Financing | | • |) Мау Ве |
| Zip Country | | [28] Z ₍₁₎ | Zip Country | | | | Trust Fund Contribution | | | to Fees |
| 24 | 25 | | g ' | | , | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| | 9. Name and Address of Curre | 29 ent Registered Ager | | | | | 10. Name and Address of New F | egistered | Agent | |
| WA' | TSKY, MORRIS J. | | | 81 | Name | 0 | | | | |
| 700 | NW 107TH AVE. | | | 82 | Strop | t Addres | ss (P.O. Box Number is Not Accepta | able) | | |
| MIA | MI FL | | | 83 | | | | | | |
| | | | | | | | | | | |
| | | | | 84 | City | | | FL | _ 85 Zip | Code |
| office or r agent. I a SIGNATURE | egistered agent, or both, in the Star m familiar with, and accept the obti signature, typed or pented name of registered a | te of Florida. Such ch gations of, Section 6 gout and the diappleable | iange was aul 07.0505, Florid | thorized by da Statutos Registered Agr | the co 3. | rporatio | ration submits this statement for the in's board of directors. I hereby acc Ahers reinstaring) | DATE | pointment as | s registered |
| 12. | | ND DIRECTORS | | 13. | | , | ADDITIONS/CHANGES TO OFF | ICERS AND | | |
| TITLE | CD Miller, Leonard | L | DELETE | 1.1 THILE | | | | | L Change | Addition |
| NAME STORET ADDOCCO | TREET ADDRESS 700 NW 107TH AVE. | | 1.2 NAME | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | 1.3 STHEFT ADDRESS 1.4 City-St-Zip | | | | | |
| TITLE | VS | DELETE | | 21 TITLE | | | | | Change | Addition |
| NAME | REED, LINDA | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 700 NW 107TH AVE. | | | 2.3 S1R5E1 | ADDRESS | 5 | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY - ST - ZIP | | | | | | |
| TITLE | V MADIET DEDDA | <u></u> | DELETE | 3.1 THE | | | | | Change | Addition |
| NAME STREET ADDRESS | MODIST, DEBRA 700 NW 107TH AVE. | | | 3.2 NAME 3.3 STREET | ADDRECE | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | 3.4. CHY-5 | | · | | | | |
| TITLE | Vī | | DELETE | 4.1 TITLE | 31 211 | - | | | Change | Addition |
| NAME | MUNOZ, JANICE | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 700 NW 107TH AVE. | | | 4.3 STREET | ADDRESS | s [| | | | |
| CITY-ST-ZIP | MIAMI FL | | | 44 CILY - S | 1 - Z(P | | | | · · · · · · · · · · · · · · · · · · · | |
| TITLE | PD CALCULAR STEVEN | ☐ DELETE | | 5 1 1IILE | | 1 | • | | □ Change | Addition |
| NAME OTREET ADDRESS | SAIONTZ, STEVEN 700 NW 107TH AVE. | | | 5.2 NAME | 45555C | | | | | |
| STREET ADDRESS CITY-\$T-ZIP | MIAMI FL | | | 5.3 STREET 5.4 CHTY - S | | ` | • | | | , |
| TITLE | V | · · · · · · · · · · · · · · · · · · · | DELETE | 6.1 THE | 11 - ZIF | | | | Change | Addition |
| NAME | KAMINSKY, NANCY | | | 62 NAME | | | | | | |
| STREET ADDRESS | 700 NW 107TH AVE. | | | 6.3 STREET | ADDRESS | 3 | | | | |
| CITY-ST-ZIP | MIAMI FL | | | 6.4 CITY - S | | | | | | |
| 74 1 | | | | | : | | | | | |

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 trusted 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.

The Company of the corporation of the corporation or the receiver trusted 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.