

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M54223** (6)
1. Corporation Name
UNITED AMERICAN FINANCIAL SERVICES CORPORATION



Principal Place of Business
**210 UNIVERSITY DRIVE, SUITE 900
CORAL SPRINGS FL 33071**

Mailing Address
**210 UNIVERSITY DRIVE, SUITE 900
CORAL SPRINGS FL 33071**

2. Principal Place of Business
21 Subc. Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Subc. Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **06/19/1987** 3a. Date of Last Report **02/27/1995**
4. FEI Number **59-2819208** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

**WEICHOLZ, STEPHEN
210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 to be provided when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WEICHOLZ, STEPHEN	210 UNIVERSITY DR.	CORAL SPRINGS FL	<input type="checkbox"/>
TD	SOLOMON, ALBERT S.	210 UNIVERSITY DR.	CORAL SPRINGS FL	<input type="checkbox"/>
SD	WEICHOLZ, SCOTT	210 UNIVERSITY DRIVE	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
VP	Sutter, Kenneth E.	210 University Dr.	Coral Springs, Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Marsh, Darren	210 University Dr.	Coral Springs, Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. VP	Smith, Robert	210 University Dr.	Coral Springs, Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

4-8-96

Date: _____

CR2E034 (12/95)