
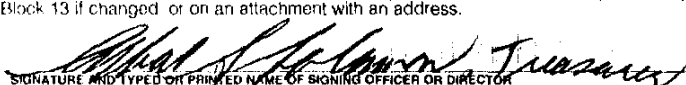


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 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 # 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 33071-7393	
2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/19/1987		3a. Date of Last Report 04/11/1996	
4. FEI Number 59-2819208		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEICHOLZ, STEPHEN 210 UNIVERSITY DR., SUITE 900 CORAL SPRINGS FL 33071		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WEICHOLZ, STEPHEN		
STREET ADDRESS	210 UNIVERSITY DR.		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	SOLOMON, ALBERT S.		
STREET ADDRESS	210 UNIVERSITY DR.		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	WEICHOLZ, SCOTT		
STREET ADDRESS	210 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	SUTTER, KENNETH E.		
STREET ADDRESS	210 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MARSH, DARREN		
STREET ADDRESS	210 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	SMITH, ROBERT		
STREET ADDRESS	210 UNIVERSITY DR		
CITY-ST-ZIP	CORAL SPRINGS FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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 on an attachment with an address.			
SIGNATURE:  4-1-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)