3-17-98 B - 3353 - FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

M54223

(6)

UNITED AMERICAN FINANCIAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 17 1998 8:00am Secretary of State



T till Cipal T lact	o Of Dualifosa	Maining Address				
210 UNIVERSITY DRIVE. SUITE 900 CORAL SPRINGS FL 33071		210 UNIVERSITY DRIV				
		CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/19/1987	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
26					59-2819208 Not Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.			\$8.75 Additional	
– ,		27	7		5. Certificate of Status Desired Fee Required	
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be	
3		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	v	8. This corporation owes or has paid the current year Intangible	
4 25 29		——————————————————————————————————————	30		Personal Property Tax due June 30. Yes No	
<u> </u>	g. Name and Address of Curren		1001	~	10. Name and Address of New Registered Agent	
W	EICHOLZ, STEPHEN		81	Name	9	
	10 UNIVERSITY DR., SUITE 900		-			
	ORAL SPRINGS FL 33071		82	Street	reet Address (P.O. Box Number is Not Acceptable)	
U	OTAL OFFINOS FL SOUT		83	 		
			84	City	FL 85 Zip Code	
44 0	4	0	44			
office or re	o the provisions of Sections 607.0502 agistered agent, or both, in the State	e and 607.1508, Florida Statu of Florida. Such change was	ites, the abov authorized b	re-named v the corr	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept the obliga	itions of, Section 607.0505, F	torida Statute	8.	,,,,	
SIGNATURE .						
	Signature, typed or printed name of registered ager			ent signature	re required when reinstating) OATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	PD	☐ OELETE	1.1 TITLE			
NAME	WEICHOLZ, STEPHEN		1.2 NAME		RUTENBERG, STUART	
STREET ADDRESS	210 UNIVERSITY DR.		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL		1.4 CITY~	ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	☐ DELETE	21 TITLE		Li Change Li Addition	
NAME	SOLOMON, ALBERT S.		2.2 NAME			
STREET ADDRESS	210 UNIVERSTIY DR.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-	ST~ZIP		
TITLE	SD	DELETE	3.1 TITLE		Change Addition	
NAME	WEICHOLZ, SCOTT		3.2 NAME			
STREET ADDRESS	210 UNIVERSITY DRIVE		3.3 STREE	T ADDRESS	.]	
CITY+ST-ZIP	CORAL SPRINGS FL		3.4. CITY-	ST-ZIP		
TITLE	VP	X DELETE	4.1 TITLE		Change Addition	
NAME	SUTTER, KENNETH E.		4. 2 NAME			
STREET ADDRESS	210 UNIVERSITY DR		4.3 STREET	r address		
CITY - ST - ZIP	CORAL SPRINGS FL		4.4 City-1			
TITLE	VP	DELETE	5.1 TITLE		Change Addition	
NAME	MARSH, DARREN		5.2 NAME	i		
STREET ADDRESS	210 UNIVERSITY DR			T ADDRESS		
	CORAL SPRINGS FL					
CITY-ST-ZIP TITLE	COLUMN OF THE COLUMN TE	DELETE	5.4 CITY - : 6.1 TITLE	51- ZIP	Change Addition	
_				1	C Olonge C Addition	
NAME			6.2 NAME			
STREET ADDRESS			4	r address		
CITY - ST - ZIP			6.4 DITY-5	ST-ZIP		

14. Thereby 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:

MARCH 10, 1998 (954) 752-1222