

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1987

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
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4. FEI Number 59-2819208	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 rehashing) _____ 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 UNIVERSITIY 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 checked="" 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RUTENBERG, STUART	
1.3 STREET ADDRESS 210 UNIVERSITY DR.	
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071	
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 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: *Albert S. Solomon* **ALBERT S. SOLOMON** MARCH 10, 1998 (954) 752-1222

CR2E034 (10/97)