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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000007603 (2)

UNIVERSAL COMMUNICATIONS SERVICES OF FLORIDA. IN

Principal Place of Business

## FILED Apr 15 1998 8:00am Secretary of State



Mailing Address 212 REGIS COURT 212 REGIS COURT LONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Court 212 Regis Love ひして 21 26 Not Applicable <u>59-3157480</u> Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Longwood Added to Fees 23 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible USA MSA Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** KARNES, GEORGE L George *Alnes* 212 REGIS CT Street Address (P.O. Box Number is Not Acceptable) 82 LONGWOOD FL 32779 83 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 account the obligation of Soction 607 0505, Florida Statutes. 84 SIGNATURE (NOT: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE NAME KARNES, GEORGE L 1.2 NAME 212 REGIS CT STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DECETE Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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

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