FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040008 (3)**

1. Corporation Name

~~S. P. ACCEPTANCE CORPORATION~~

UNIVERSAL FRANCHISE OPERATIONS, INC.

Principal Place of Business	Mailing Address
1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432	1515 N. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1500 W.Cypress Creek Rd.
Suite, Apt. #, etc.
22 Suite 512
City & State
23 Ft. Lauderdale, FL
Zip 24 33309 Country 25 Broward

2a. Mailing Address
26 1500 W. Cypress Creek Rd.
Suite, Apt. #, etc.
27 Suite 512
City & State
28 Ft. Lauderdale, FL
Zip 29 33309 Country 30 Broward

4. FEI Number: 65-0403793 ☐ 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

9. Name and Address of Current Registered Agent

SMALL, WALTER
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1500 W. Cypress Creek Rd.
83 Suite 512
84 City Ft. Lauderdale FL 85 Zip Code 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	SMALL, WALTER	12 NAME		
STREET ADDRESS	1515 N. FEDERAL HWY. STE. 300	13 STREET ADDRESS	1500 W. Cypress Creek Rd., #512	
CITY ST ZIP	BOCA RATON FL 33432	14 CITY ST ZIP	Ft. Lauderdale, FL 33309	
TITLE	DPST	21 TITLE		☒ Change ☐ Addition
NAME	RYANL, DONALD J	22 NAME	Delete	
STREET ADDRESS	1515 N. FEDERAL HWY. STE. 300	23 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33432	24 CITY ST ZIP		
TITLE		31 TITLE	D/P/S/T	☐ Change ☒ Addition
NAME		32 NAME	Mohamad Al-Omari	
STREET ADDRESS		33 STREET ADDRESS	1500 W. Cypress Creek Rd., #512	
CITY ST ZIP		34 CITY ST ZIP	Ft. Lauderdale, FL 33309	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	300001522303	
STREET ADDRESS		43 STREET ADDRESS	-06/23/95--01084--002	
CITY ST ZIP		44 CITY ST ZIP	****233.75 ****233.75	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

6/22

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)(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 added in an attachment with an address.

SIGNATURE: _____ 5/6/95 305-351-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Walter Small

0289032 CP