SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0028106

PROFIT CORPORATION ANNUAL REPORT

1998

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

98 MAR 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052319 (8)

1. Corporation Name

UNIVERSITY PLAZA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DRIVE 001 CORAL SPRINGS FL 33065	3300 UNIVERSITY DRIVE 001 CORAL SPRINGS FL 33065

REINSTATEMENT 3-23-98

3. Date Incorporated or Qualified
07/14/1994

4. FEI Number
65-0505984

Applied For
Not Applicable

5. Certificate of Status Desired X — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KINSEY, JOHN T
2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
REINSTATEMENT
82 Street Address
83
84 City

400002824034--5
-03/30/99--01080--015
****150.00 ****150.00

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 John T Kinsey
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	KINSEY, JOHN T		12 NAME	
STREET ADDRESS	2300 CORPORATE BLVD., SUITE 112		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		14 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	FALCONE, EDWARD		22 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		24 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	FALCONE, ARTHUR		32 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		34 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	CUCCI, PHILLIP		42 NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

400002824034--5
-03/30/99--01080--016
****558.75 ****558.75

400002824034--5
-03/30/99--01080--017
****200.00 ****200.00

3-23-98

CR2E034 (5/98)

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: Edward Falcone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #