

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000057000 (9)**

1. Corporation Name
UNIVERSAL CONNECT, INC.



Principal Place of Business: **10105 9TH ST. N. ST. PETERSBURG FL**
Mailing Address: **10105 9TH ST. N. ST. PETERSBURG FL**

3. Date Incorporated or Qualified: **08/15/1994**
3a. Date of Last Report: **08/24/1995**

2. Principal Place of Business

21 Suite Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number: **59-3264269**
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

g. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32301**

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 607.0532 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: _____ (Signature typed or printed name of registered agent, if applicable) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, STUART G	1.2 NAME	
STREET ADDRESS	126 CHESAPEAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESRICK, STEVEN M	2.2 NAME	500001828325
STREET ADDRESS	50 DOLPHIN DR.	2.3 STREET ADDRESS	-05/20/96--01022--035
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	***200.00
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, GLENN H	3.2 NAME	1000 Island Blvd, #2008W
STREET ADDRESS	13240 CORONADO LANE	3.3 STREET ADDRESS	N. Miami, FL 33160
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAERWALD, ROBERT P JR	4.2 NAME	10105 9th Street North
STREET ADDRESS	11150 4TH ST., N.	4.3 STREET ADDRESS	St. Petersburg, FL 33716
CITY-ST-ZIP	ST. PETERSBURG FL 33716	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CFO
STREET ADDRESS		5.3 STREET ADDRESS	Craig Hill
CITY-ST-ZIP		5.4 CITY-ST-ZIP	10105 9th Street North
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Controller
STREET ADDRESS		6.3 STREET ADDRESS	Garry Hasara
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10105 9th Street North

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)(k), 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: *Garry Hasara* **Garry Hasara, Controller** 4/29/96 (813) 599-0505

CR2E034 (12/95)