

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 # **P94000070936 (7)**

1. Corporation Name

UNIVERSAL GAP PLAN, INC.



Principal Place of Business

Mailing Address

**2000 PALM BEACH LAKES BLVD
SUITE 500
WEST PALM BEACH FL 33409
US**

**2000 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **2090 Palm Beach Lakes Blvd**

26 **2090 Palm Beach Lakes Blvd**

4. FEI Number

65-0551761

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 200**

Suite, Apt. #, etc.

27 **Suite 200**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **West Palm Beach, FL**

City & State

28 **West Palm Beach, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

24 **33409**

25 **US**

Zip

Country

29 **33409**

30 **US**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORER, ERIC J
412 NE FOURTH ST
FT LAUDERDALE FL 33301-1197**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WILLIAMS, BARBARA**
STREET ADDRESS **1300 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE
NAME **FRONRATH, GARY**
STREET ADDRESS **1300 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **D** ☒ DELETE
NAME **HERRING, H.F..**
STREET ADDRESS **2000 PALM BEACH LAKES BLVD #500**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **D** ☐ DELETE
NAME **BARKAMN, MICHELE**
STREET ADDRESS **2000 PALM BEACH LAKES BLVD. #500**
CITY-ST-ZIP **FT LAUDERDALE FL 33409**

TITLE **D** ☐ DELETE
NAME **DEAN, ROGER**
STREET ADDRESS **1300 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Patricia B. Dean**
3.4 CITY-ST-ZIP **2235 Okeechobee Blvd.**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **West Palm Beach, FL 33409**
4.3 STREET ADDRESS **Barkman, Michele**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

407-478-2440

Date

Daytime Phone #

CR2E034 (12/95)