

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

0327151



PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070936

1. Corporation Name
UNIVERSAL GAP PLAN, INC.

Principal Place of Business
2090 PALM BEACH LAKES BLVD
#200
WEST PALM BCH FL 33409
US

Mailing Address
2090 PALM BEACH LAKES BLVD
#200
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
21

2a. Mailing Address
26

3. Date Incorporated or Qualified

09/27/1994

Applied For

Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State
23

City & State
28

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip
24

Country
25

8. This corporation owes the current year Intangible
Personal Property Tax.
 Yes No

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORER, ERIC J.
30 NE 3RD STREET
FT LAUDERDALE FL 33301-1197

81 Name

FL 85 Zip Code

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, GLEN		1.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSTNER, BOB		2.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, PATRICIA B.		3.2 NAME	
STREET ADDRESS	2235 OKEECHOBEE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKMAN, MICHELE		4.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, UNIT 200		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, ROGER		5.2 NAME	
STREET ADDRESS	2235 OKEECHOBEE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 with an address, with all other like empowered.

SIGNATURE: *Michele Barkman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-99 (561) 478-0588
Daytime Phone #

Date