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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUI	MENT # P95000	011538 (2)			
UNIVE	RSAL MECHANIX INC.				
Principal Place	of Business	Mailing Address		1 100110 DI 110 16101 DIIII DIII DIII DIII	i Bosti Bolikt ilikol ilodi Atton iliki Soli Sodi
LAKE WORK			hy-in-this		
CHAE, ILLOWAY	TV10000000	The second secon	-19		
	•			3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report
2. Pri	e of Business /	2a. Mailing Address		4. FEI Number	Applied For
21 15 17	NORTH L STREET	AL ISLY NORTH.	L STREET	65-05606	09 Not Applicable
Si 4ril.	#, 6" 	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2/.	City & State		6. Election Campaign Financing	\$5.00 May Be
23 La	ke worth	28 Lake	worth	Trust Fund Contribution	Added to Fees
Zip	-L 25 33460	29 FZ	30 33 460	8. This corporation has liability for Florida Statutes	1.7
¥.	9. Name and Address of Current		00 7 7 700	10. Name and Address of New F	
			81 Name	Tabas Timan	ainen
-ANTILA, MARTIN			82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)
~1517 NORTH L'STREET >> ~LAKE WORTH FL'33480			88	217 MORTH L	TRELT
-CANL III	OMITTE 30400				
			84 City L	ake worth	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 a	nd 607,1508, Florida Statutes,	the above-named con	poration submits this statement for the pulloard of directors. I hereby accept the app	rpose of changing its registered offic.
familiar wit	in and accept the obligations of, Section	607.0505, Florida Statutes.	by the corporations to	oard of directors. I floredly accept the app	, , , , ,
SIGNATURE	Signal, via, tylied or printed riame of registered agent an	d tite d applicable: (NOTE:	Registered Agent signature reg	allend up an extent West	4-11-96
12.					
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	PST			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	PST Antila, Martin	DIRECTORS	13. 1.1 RTLE 5.2 NAME	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	PST Antila, Martin 1517 North L Street	DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	PST Antila, Martin	DIRECTORS	13. 1.1 PTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Cers AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-712	PST Antila, Martin 1517 North L Street	DIRECTORS DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	Change Addition
NAME STREET ADDRESS GITY-SI-ZIP TITLE	PST Antila, Martin 1517 North L Street	DIRECTORS DELETE	13. 1.1 STILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFF	Cers AND DIRECTORS IN 12 Change Addition
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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

you wash

Daytime Phone #