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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000011538 (2)

UNIVERSAL MECHANIX INC.

Principal Place of Business	Mailing Address		
1517 NORTH "L"STREET	1517 NORTH "L"STREET		
LAKE WORTH FL 33460	LAKE WORTH FL 33460-1947		
116	116		

FILED Apr 29 1997 8:00am Secretary of State



1517 NORTH "I LAKE WORTH US		1517 NORTH "L"STREET LAKE WORTH FL 33460-1 US	1947				
					 Date Incorporated or Qualified 02/09/1995 	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21		26			65-0560609	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	to.		E 0-26-11-10-1	□ \$8.75 Additional	
		27	27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	☐ Added to Fees	
Z ip	Country	Zip	Cour	itry	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30			Yes 🔀 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	ulstered Agent	
	HAINEN, TAPANI		ľ	81 Name			
	1517 NORTH "L" STREET		ŀ	82 Street Address (P.O. Box Number is Not Acceptable)			
LAKI	LAKE WORTH FL 33460						
				83			
			-	84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the ab	ove-named co	rporation submits this statement for the pr	rpose of changing its registered	
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	and the descriptions of the second	gamono on onomin bor 100001	101100 01010				
	Signature typed or printed name of registered a	gent and title if applicable. (NO	1E: Registered	Agent signature req	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1.1 1 1	.F		☐ Change ☐ Addition	
NAME	IIVANAINEN, TAPANI		1.2 NA	ME .			
STREET ADDRESS	1517 NORTH L STREET		1.3 STF	EE1 ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		1.4 CIT	Y - ST - ZIP			
TITLE		☐ DETEIE	2.1 TiT	.£		☐ Change ☐ Addition	
NAME			2.2 NA	AE .			
STREET ADDRESS			2.3 STF	EE1 ADDRESS			
CITY-ST-ZIP			2. 4 CI	Y-\$1-7IP			
TITLE		☐ DELETE	3.1 TIT	.E		Change Addition	
NAME			3.2 NAI	AE .		ļ	
STREET ADDRESS			3.3 STF	EET ADDRESS			
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP			
TITLE		L DELETE	4.1 TI]	.F		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET AODRESS		ŀ	
CITY-ST-ZIP			4.4 CF	Y-ST-ZIP			
TITLE		DELETE	5.1111	.F		Change Addition	
NAME			5.2 NAI	AE			
STREET ADDRESS			5.3 \$TF	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-SI-ZIP			
TITLE		DELETE	6.1 1111	.E		Change Addition	
NAME			6 2 NAI	AE			
STREET ADDRESS			6.3 ST	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

14. I do 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.