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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025085 (7)
1. Corporation Name

UNIVERSAL RESOURCE FOUNDATION, INC.

Principal Place of Business Mailing Address 4331 NORTH FEDERAL HIGHWAY 4331 NORTH FEDERAL HIGHWAY **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 65-066 9082 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TONNESSEN, BRUCE H MARSHALL MICHAEL 700 E. ATLANTIC BLVD. 82 POMPANO BEACH FL 33060 83 84 Boca Brow 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE and little if applicat (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TiTLE Change ☐ Addition TITLE MARSHALL, MICHAEL NAME 1.2 NAME 4331 N FEDERAL STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ___ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE 6.1 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS 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 supplimental annual report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation of the exemption are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or to an attachment with an address.

12.198