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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS

14. I do hereby certify that the ininformation indicated on this I am an officer or director of



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600036034 (2)

UNIVERSAL GROUP OF SOUTH FLORIDA, INC.

	<del></del>				A MININE PRIVE HAALA MININE ALTER ALDER 1884	
Principal Plac	ce of Business	Mailing Address			N NOTON TITLE BIELL DOINN 11111 OLDE ERDE	
2201 NE 52ND STREET		2201 NE 52ND STREET				
6TE 18		\$TE 16				
LIGHTHOUSE PT FL \$3084		LIGHTHOUSE PT FL 33064-7074			<u> </u>	
				3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal i	Place of Business	2a. Mailing Address		<b>04/25/1996 4.</b> FEI Number	<del></del>	
21	1400 47 200111000	├ <b>-</b> ┐	1	65-0660263	Applied For	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		e 0000203	Not Applicable	
22	,	27	1	<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required	
City & Sta	te	City & State	<del></del>	6. Election Campaign Financing		
23		28	The state of the s	Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Contry	8. This corporation has liability for		
24	25	29	10		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
81 Namo 0 22 V 15						
2201 NE 52ND STREET  82 Street Address (P.O. Box Number is Not Acceptable)						
2201 NE 52ND STREET  82 Street Address (P.O. Box Number is Not Acceptable)  82 01 NE 52 nd 5 thur						
LIGHTHOUSE PT FL 33064						
	4 4		8 46	طا		
	$\Lambda$		4 Pity	thouse Point R 3306	FL 85 Zip Code	
11. Pursuant to the Wisinful of Sictions 607.050? and 607.1508, Florida Statutes, the ve-named corporation submits this statement for the purpose of changing its registered						
onice of register in again, or thin, in the State of Florida, Such change was authority by the corporation's board of directors. Thereby accept the appointment as registered.						
SIGNATURE	Bignati re, typi a og /inter name of registered ag	ont and title it applicable (NOTE:	Registe Moent signature	required whon reinstating)	DATE	
12.		D DIRECTORS	13	ADDITIONS/CHANGES TO OFFIC		
TITLE	PVST	DELETE	1.1	FLUYD PETEKINS	Change Addition	
NAME			1.2 I AE	12010 12	<b>7</b>	
STREET ADDRESS	2201 NE 52ND STREET		1.3 S EET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064		1.4 C 7 - S1 - ZIP			
TITLE	D	☐ DELETE	2.1 7	FLOYD PEVEKINS	Change Addition	
NAME			2.2 N ME	,	**	
STREET ADDRESS	2201 NE 52ND STREET		2.3 STEFT ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064		2.40 Y-ST-ZIP			
TITLE	7-	DELETE	3.1 TI E		Change Addition	
NAME			3.2 NA 4E			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CiTY-ST · ZIP	,	į.	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ł	
CITY-ST-ZIP						
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		First December	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Document	5.4 CITY - \$1 - ZIP			
TITLE	l	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	

opplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name