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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State

DOCUMENT # P96000037713 (0)

UNIVERSITY CS CORP.

**FILED** Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I LOUINEUN LIE LUNIO DAIRA DOIRI BOLLI DOIRI DOIRI TOERI LOUDO FAIR LEER	
2363 UNIVE		2363 UNIVERSITY DR.			
GORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/01/1996
	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			<b>65-0662349</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 City & State		City & State			Fee Required
23		<del> </del>	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30.  No
	g, Name and Address of Curren				10. Name and Address of New Registered Agent
l u	LEVY. SANDY				
] 1	0739 NW 51ST ST		62 Street Ad		Address (P.O. Box Number is Not Acceptable)
CORAL SPRGS FL 33076					,
İ			83		
			64	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the			tes the abov	l e-named	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 algorithms required when reinstating)  DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEVY, SANDY		1.2 NAME		
STREET ADDRESS	10739 NW 51ST ST.		1.3 STREET		
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33076	DELETE	1.4 City-5 2.1 Title	iT-ZIP	Change Addition
NAME	BON, GIORGIO D	better	2.2 NAME		
STREET ADDRESS	8697 NW 47TH DR.		2.3 STREET	annoree	2007 CX 200 W COCK
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2.4 CiTY-		DAL BON, GIORGIO 3587 CXGRYM CIRCLE COCONUT CREEK FL 33063
TITLE	00112 01111100 12 00010	DELETE	3.1 TITLE	J1 2"	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	I - ZIP	Change Addition
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S		
ALL SI CIF			0.4 0111-3	1~41	1

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.