

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90131 043 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P9600003771306(0)

1. Corporation Name

University CS Corp.

Principal Place of Business

2363 University Drive  
Coral Springs, FL 33065

Mailing Address

2363 University Drive  
Coral Springs, FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

9. Name and Address of Current Registered Agent

Levy, Sandy  
10739 NW 51st Street  
Coral Springs, FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/1/96

4. FEI Number

65-066-7349

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Dal Bon, Giorgio

82. Street Address (P.O. Box Number is Not Acceptable)

3587 Coral Palm Circle

83. City

Coral Creek

FL

85. Zip Code

33063

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, typed or printed name of registered agent and title if applicable.

X Sandy Levy

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                                                                                           |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME<br>D. Sandy Levy<br>10739 NW 51st Street<br>Coral Springs, FL 33076<br><input checked="" type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME<br><input type="checkbox"/> DELETE                                                                                | 14. TITLE<br>Resident                                                                                                                 |
| 3. NAME<br><input type="checkbox"/> DELETE                                                                                | 15. NAME<br>Dal Bon, Giorgio                                                                                                          |
| 4. NAME<br><input type="checkbox"/> DELETE                                                                                | 16. STREET ADDRESS<br>3587 Coral Palm Circle                                                                                          |
| 5. NAME<br><input type="checkbox"/> DELETE                                                                                | 17. CITY-STATE-ZIP<br>Coral Creek, FL 33063                                                                                           |
| 6. NAME<br><input type="checkbox"/> DELETE                                                                                | 18. CITY-STATE-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| 7. NAME<br><input type="checkbox"/> DELETE                                                                                | 19. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 8. NAME<br><input type="checkbox"/> DELETE                                                                                | 20. STREET ADDRESS<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| 9. NAME<br><input type="checkbox"/> DELETE                                                                                | 21. CITY-STATE-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| 10. NAME<br><input type="checkbox"/> DELETE                                                                               | 22. NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 11. NAME<br><input type="checkbox"/> DELETE                                                                               | 23. STREET ADDRESS<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| 12. NAME<br><input type="checkbox"/> DELETE                                                                               | 24. CITY-STATE-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is a true and correct statement of the corporation's affairs 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; and that I am not a resident of the State of Florida; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

105 3/1/99 (954) 344-3777

CR25034 (1/98)