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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044052 (4)

BY UNIVERSAL, INC.

(



1997 APR 24 AN 11: 54 SECRETARY OF STATE

Principal Prace of Business Mailing Address					I LOCATADES SIM LEGATO CASTA MATIN CORNI BERLI BELLI CASAN OLON MATIN FINI HORI				
2418 BEAUTY TALLAHASSE	BERRY COURT		2418 BEAUTYBERRY COURT TALLAHASSEE FL 32308-6296						
INCENTINOSE	E I E SECOO	INCOMPOSE 12	SESOU SESO			Date Incorporated or Qualifie 05/23/1996	3a. Da	ate of Last R	eport
2. Principal Place of Business 21		2a. Mailing Addres	2a. Mailing Address			4. FEI Number			
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
City & Sta	ito	City & State			6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 May Be Added to Fees		
Z.p	Country	Zip	h	untry		8. This corporation has liability t			
24	25	29	30	т		Florida Statutes 10. Name and Address of New	-		
	9. Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New	uedisieien	waeur	
	JUGHN, LUTHER			"	Ivanie	·			
2418 BEAUTYBERRY COURT TALLAHASSEE FL 32308				82	Street	Address (P.O. Box Number is Not Accep			Mr. a. r.
***	DD # #10000 1 C 00000		83			700002 -04/29	/970	1034C	
				84	City		65.QU.	本本	3500U
office or agent T	to the provisions of Sections 607.0 registered agent, or both, in the St am fam lar with, and accept the ob	0502 and 607.1508, Florida ate of Florida. Such chang Eligations of, Section 607.0	Statutes, the a e was authorize 505, Florida Sta	above ed by atutes	e-named the cor	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose o cept the app	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed or purged name of registeriod	agent and title if applicable	(NOTE: Register	ed Ape	nt signature	a required when reinstating)	DATE		
12.	OFFICERS ,	AND DIRECTORS	13.	,		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
MHE	D	☐ DEL	ETE 117	TITLE				Change	Addition
NAME	BARTOLOME, MANUEL C		121	NAME		•			ĺ
STREET ADORESS	2418 BEAUTYBERRY COUP	रा	1.3 5	STREET	ADDRESS				
City Sty70	TALLAHASSEE FL 32308		1.40	CITY-S	T-ZIP				
161	D	☐ D£L	ETE 217	TITLE				Change	Addition
NP IAE	VAUGHN, LUTHER C		2.21	NAME					
STILL LADDRESS	2418 BEAUTYBERRY COUR	रा	2.3 \$	STREET	address				
CITY - \$1 - 75P	TALLAHASSEE FL 32308		2.4	CITY-S	57-ZIP				
III.£		☐ DEL	ETE 3.1 1	TITLE				Change	Addit-on
NAM:			3.21	NAME					
STREET ADDAFESS			3.3	STREET	ADDRESS				
CITY - \$1 - ZIP				CITY-S	61 - ZIP				
11-11		☐ DEL		TITLE		1		Change	Addition
NAME				NAME					
STREET ACCORESS					ADDRESS				
Cilir Si-ZiP		T and		CITY-S	T-ZIP			110	Audista.
TETLE		☐ DELI		TITLE				Change	LJ Addition
NAME		•		NAME					
STREET ADORESS					ADDRESS				
3HY- ST 206		FEL		CITY-S	T- 21P			Change	Addition
1-11.1		DEL DEL		TITLE		J		☐ Cliange	Modition
HAME				NAME	IBBC=55				
STREET ACHIRESS					ADDRESS	6/6/11/211-02			
011Y - \$1 - 71P	1		6.4	CITY-S	T-ZIP	SCC 4-24-97			

14. I do hereby cert by 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 (changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prosident.

4-24-97 671-21

.....