

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044142 (3)**

1. Corporation Name
UNIVERSAL TRANSFER SERVICES, INC.

Principal Place of Business
**777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
W PALM BEACH FL 33401**

Mailing Address
**777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
W PALM BEACH FL 33401-6161**



2. Principal Place of Business 21 532 NW 77th St Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/23/1996		3a. Date of Last Report	
22		27		4. FEI Number 65-0677199		Applied For Not Applicable	
23 City & State Boca Raton, FL		28 City & State Same		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33487		25 Country USA		29 Zip		30 Country	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
28		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BREGMAN, HOWARD 777 SOUTH FLAGLER DRIVE SUITE 310 EAST W PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 Zip Code FL			

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	D/P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	Steve Hefner		
STREET ADDRESS				1.3 STREET ADDRESS	1021 Hillsboro Mile Unit 805		
CITY - ST - ZIP				1.4 CITY - ST - ZIP	Hillsboro Beach FL 33062		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D/S/T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	Elliot Brody		
STREET ADDRESS				2.3 STREET ADDRESS	17556 Lake Estates Drive		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	Boca Raton FL 33496		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature From

CR2E034 (9/96)