SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018131 (7)

UNIVERSAL COLLECTION, INC.

Principal Place of Business

Mailing Address

1675 VIA BIANCA PUNTA GORDA FL 33950 1675 VIA BIANCA PUNTA GORDA FL 33950 **FILED**

Jul 17 1998 8:00am³

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						02/26/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21						65-0740733 Not Applicable	
	Suite Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
[22]						Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip .	Country	Z _i p	Country			8. This corporation owes or has paid the current year intangible	
24	25	29	30			Personal Property Tax due June 30. Yes X No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent B1 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
			ŀ	84	City	85 Zip Code	
			1		C.I.,	FL 00 2.5 5555	
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 Statutés,							
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Register	gA be	ent signature requir	lred when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TIT	1.1 TITLE		Change Addition	
NAME	POTTER, JULIE		1.2 NA	ME			
STREET ADDRESS	1010 101 0011		1,3 STF	1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CIT	Y-\$T-	ZIP		
TITLE	V\$D DELETE		2.1 TIT	2.1 TITLE		Change Addition	
NAME	BIRMINGHAM, HELENE M		2.2 NA	ME	1	· · ·	
STREET ADDRESS	DORESS 1875 VIA BIANCA		2.3 STREE		ADDRESS		
CITY-ST-ZIP	PÚNTA GORDA FL 33950		2.4 CIT	2.4 CITY-ST-ZIP			
TITLE	DELETE		3.1 TIT	3.1 TITLE		Change Addition	
NAME			3.2 NA	3.2 NAME			
STREET ADDRESS			3.3 STF	REETA	ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-	ZIP		
TITLE		DELETE	4.1 TIT	LE	-	Change Addition	
NAME		 -	4.2 NA	ME	1		
STREET ADDRESS			4.3 STR	REETA	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-	žIP .		
TITLE		DELETE	5.1 TIT			Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STR	REETA	ADDRESS		
CITY-ST-ZIP			5.4 CIT		1		
TITLE		DELETE	6.1 TIT			Change Addition	
NAME			6.2 NA	ME	1	200002594312"/= j~j	
STREET ADDRESS	•				ADDRESS	-07/21/9801080022 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP			6.4 CIT		l l	***150.00	
OIL T-OI-GIF			0.4 011	(-31-)	-"		

14. 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.

SIGNATURE

Jelkin Brown All

716198

941-637-1634



July 6, 1998

Annual Reports Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Agent,

Pursuant to my telephone conversation last week with Bonnie from your office, I am enclosing my corporation form as well as my check in the amount of \$ 150.00.

As explained to Bonnie, I incorporated my business last year. I was not aware that I was required to pay Florida State \$ 150.00 annually. This notice was the first I have received and have never been notified by anyone previous to this notice.

I apologize for the delay in forwarding this payment and ask your consideration in the acceptance of my \$ 150.00 payment.

Sincerely,

Helene Birmingham

Director for

Universal Collection, Inc.

1675 Via Bianca

Punta Gorda, Florida 33950