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). FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthage ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 NOV -9 PM 12: 29 000030240 SECRETARY OF STATE TALLAHASSEE, FLORIDA NIVERSAL BOX ETC. INC. Principal Place of Business Mailing Address 1221 Wast ColoniAL DE SUITE100 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified ORLANDO, Fl. 32804 2. Principal Place of Business 4. FE! Number Mailing Address Applied For 4515 BLONIGEN AVE 1221 West Colowing DK Not Applicable Suite, Apt. #, etc \$8.75 Additional 12 5. Certificate of Status Desired Fee Required 100 City & State City & State 6. Election Campaign Financing \$5.00 May Be Ochando ORLando Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32812 US \*\*V 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent O. Box Number is Not Acceptable) Zip Code 32804 0 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, appeared the objection 607.0505, Florida Statutes. SIGNATUR ne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition DELETE 1 1 TITLE TITLE PresideNT SAMUEL W. BUTTER 12 NAME NAME 1221 WEST COLONIAL OR SUITE 100 300002686953--4 -11/13/98-01051-013 \*\*\*\*550.00 \*\*\*\*\*550.00 STREET ADDRESS 1 3 STREET ADDRESS F1.\_ 32804 OKLANDO 14 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 1 TITLE TITLE VICE PRésident NAME 22 NAME JAMES ISRAEL 1221 WEST COLONIAL DK SUITE 100 STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP allando El DELETE TITLE 3 1 TITLE Change Addition 3 2 NAME 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 4.4 CITY - ST - ZIP CITY ST-ZIP ■ DELETE TiT 5 1 TITLE Change Addition NA 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

R2E034 (5/98)

SANUELW. BOTZER 9-21-98 (407)481-0220
DEFICER OR DIRECTOR