

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90211 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030240

1. Corporation Name
UNIVERSAL BOX ECT., INC.

Principal Place of Business 1221 WEST COLONIAL DR. SUITE 100 ORLANDO FL 32804	Mailing Address 4515 BLONIGEN AVE. ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1221 W. COLONIAL DR. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 ORLANDO, FL Zip Country 24 32804 25 USA	2a. Mailing Address 26 4515 BLONIGEN AVE. Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip Country 29 32812 30 USA
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3. Date Incorporated or Qualified 04/03/1997	4. FEI Number APPLIED FOR 59-3570599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BUTLER, SAMUEL W
 1221 WEST COLONIAL DR.
 SUITE 100
 ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
Charles D. Hargrove, Esquire
 82 Street Address (P.O. Box Number is Not Acceptable)
Savage-Gaston, Hogan & Hargrove, P.A.
 83
801 N. Magnolia Avenue, ste. 402
 84 City
Orlando 85 Zip Code
FL 32803-385

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 *Charles D. Hargrove, Esq.* **CHARLES D. HARGROVE, Esq.** 4-24-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUTLER, SAMUEL W	
STREET ADDRESS	1221 WEST COLONIAL DR. SUITE 100	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ISRAEL, JAMES	
STREET ADDRESS	1221 WEST COLONIAL DR. SUITE 100	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRESIDENT MARKETING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOLLEY, ROY
3.3 STREET ADDRESS	1221 W. COLONIAL DR.
3.4 CITY-ST-ZIP	ORLANDO, FL 32804
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *James Israel* **JAMES ISRAEL** 4/19/99 407/261-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)