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 # P9700036175 (2)

UNIVERSAL GLOBE MASTERS SHARING NETWORK, INC.

Principal Place of Business Mailing Address 2011 RIVER REACH DRIVE POST OFFICE BOX 11316 **UNIT 259** NAPLES FL 34101 DO NOT WRITE IN THIS SPACE NAPLES FL 33941 3. Date Incorporated or Qualified 04/23/1997. 2. Principal Place of Business 2a, Mailing Address Applied For 59-3441553 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 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 algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE PTD I.1 TITLE DELETE Change Addition NAME MORALES, GEORGE E 1.2 NAME 2011 RIVER REACH DR, UNIT 259 1.3 STREET ADDRESS STREET ADDRESS

3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5 1 TITLE TITLE DELETE Change Addition NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change Addition 6.2 NAME NAME

6.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS

DELETE

DELETE

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: SIGNATURE

NAPLES FL 33941

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Sucretary Mountains a course of

7/16/98

CR2E034 (5/98)

__ Change __ Addition

Change Addition

FILED

Aug 13 1998 8:00am

Secretary of State