

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000038932 (4)

1. Corporation Name:

UNIVERSAL DISTRIBUTION SERVICES, CORP.

Principal Place of Business

14900 GULF BLVD., STE. 206  
MADEIRA BEACH FL 33708

Mailing Address

14900 GULF BLVD., STE. 206  
MADEIRA BEACH FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6306 Benjamin Rd Suite, Apt. #, etc 22 605 City & State 23 Tampa FL Zip 24 33634 Country 25 USA	26 6306 Benjamin Rd Suite, Apt. #, etc 27 605 City & State 28 Tampa FL Zip 29 33634 Country 30 USA

3. Date Incorporated or Qualified	Applied For
05/01/1997	Not Applicable
4. FEI Number	
59-3455368	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUSCHAK, JEWLY A 559 LILLIAN DR. MADEIRA BEACH FL 33708	

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 registrant. To print, use 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 NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
D ABRAMS, ARLENE 14900 GULF BLVD., STE. 206 MADEIRA BEACH FL 33708	Change Addition ABRAMS, Arlene P.O. Box 8522 Madeira Beach FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
	Change Addition Abrams, Arlene 1450 Gulf Blvd #104 St. Pete Beach, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
	Change Addition

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

CR2E034 (10/97)