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Jan 27, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075958

1. Corporation Name

UNIVERSAL REMEMBRANCE UNIVERSITY, INC.

Principal Place of Business

5680 66TH ST N
ST PETERSBURG FL 33709

Mailing Address

5680 66TH ST N
ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-1135741

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, ROBERT E

5680 66TH ST N

ST PETERSBURG FL 33709

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered agent and 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 PRES
NAME GAIL BAIMAN
STREET ADDRESS 7560 92 ST N 101 B
CITY-ST-ZIP SEMENOLE FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE JACKSON, ROBERT E
NAME 5680 66TH ST N
STREET ADDRESS ST PETERSBURG FL 33709
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRES
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GAIL BAIMAN
NAME 7560 92 ST N 101 B
STREET ADDRESS SEMENOLE FL 33777
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowered.

SIGNATURE: GAIL BAIMAN SIGNATURE REQUIRED

Date

Daytime Phone #

1-12-99

727-3991204

CR2E034(11/98)