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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000079777 (3) DOCUMENT #
1. Corporation Name

UNIVERSAL FINANCIAL SERVICES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Mar 12 1998 8:00am Secretary of State



1339 ROYAL PALM WAY 1339 ROYAL PALM WAY **BOCA RATON FL 33432-7539 BOCA RATON FL 33432-7539** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 Applied For DERTAL HIGHNAY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Name UPTON, ARTHUR E 1339 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33432-7539** 83 84 City Zip Code of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or boths in the Statute of Flerida Stich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered corporations of Section 607.0505, Florida Statutes. 11. Pursuant to the office or registe SIGNATURE (NOTE Registered Agent signature required when reinstating) ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 24TIED VIC TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 6 1 TITLE TITLE 6.2 NAME MAAR 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information in the information in the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an interpret of trusty empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an unifical content of the properties of the content of the properties of th 14. Thereby certify that the information sup-indicated on this annual report or suppl officer or director of the corporation or Block 12 or Block 13 if changed or specific to the