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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093296 (6)

UNIVERSAL FAMILY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



2230 WILLIAMS DRIVE 2230 WILLIAMS DRIVE FORT MYERS FL 33901 FORT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2s, Mailing Addres Applied For Principal Place of Business 7101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INGLE, DIANA L 2230 WILLIAMS DRIVE FORT MYERS FL 33901 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 wa agent. I am familiar with, and accept the obligations of, Section 607,0505, CMPC 5. O'GRADY
use typed by printed name of registered agent and filler if applical OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE O'GRADY, TEMPE 1.2 NAME NAME 7101 PINNACLE -A-28 2230 WILLIAMS DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 1.4 CITY-ST-ZIP CITY-ST-ZIP X Addition DELETE ☐ Change 2.1 TITLE TITLE INGLE, DIANA L 2.2 NAME NAME 740 PINNACLE DR 2230 WILLIAMS DRIVE 2.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-7iP 4.4 City-St-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 at 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.