

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90080 040 \*\*\*150.00

DOCUMENT # P97000093296

1. Corporation Name  
UNIVERSAL FAMILY ENTERPRISES, INC.

Principal Place of Business

7101 PINNACLE DR  
APT A-28  
FT MYERS FL 33907  
US

Mailing Address

7101 PINNACLE DR  
APT A-28  
FT MYERS FL 33907  
US

2. Principal Place of Business

21 3912 2ND ST. W.

Suite, Apt. #, etc.

City & State

23 Lehigh Acres, FL

Zip

24 33971

Country

25 USA

2a. Mailing Address

26 3912 2ND ST. W.

Suite, Apt. #, etc.

City & State

28 Lehigh Acres, FL

Zip

29 33971

Country

30 USA

9. Name and Address of Current Registered Agent

O'GRADY, TEMPE S  
7101 PINNACLE DR  
APT A-28  
FT MYERS FL 33907

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

65-0790725

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

10. Name and Address of New Registered Agent

81

Name DIANA L. INGLE

82

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

83

84

City Lehigh Acres

FL

85

Zip Code

33971

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 DIANA L. Ingle Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE April 16, 1999

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME O'GRADY, TEMPE  
STREET ADDRESS 7101 PINNACLE DR J-24  
CITY-ST-ZIP FT MYERS FL 33907

DELETE

TITLE VS  
NAME O'GRADY, LERISE T  
STREET ADDRESS 7190 PINNACLE DR J-24  
CITY-ST-ZIP FT MYERS FL 33907

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT  
1.2 NAME INGLE, DIANA L  
1.3 STREET ADDRESS 3912 2ND ST. W.  
1.4 CITY-ST-ZIP Lehigh Acres, FL 33971

Change Addition

2.1 TITLE VS  
2.2 NAME O'GRADY, CERISE T  
2.3 STREET ADDRESS 7190 PINNACLE DR. J-24  
2.4 CITY-ST-ZIP FT MYERS, FL 33907

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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, with all other like empowered.

SIGNATURE: DIANA L. Ingle

4-16-99 941-303-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0590653