Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90002 030 ***150.00

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

DOCUMENT # P97000104454

1. Corporation UNIVERS	AL SALES AGENCY, INC									
Principal Place	of Business									
1201 CORNWALL ROAD 1201 CORNWALL ROAD SANFORD FL 32773 SANFORD FL 32773						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1997				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3482803				
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, et	3.			5. Certificate of Status Desired 58.				
City & State		City & State				6. Election Campaign Financing S5 Trust Fund Contribution Ac				
Zip 24	Country 25	Zip 29	30	Country	,	This corporation owes the current year Intangible Personal Property Tax. Yes				
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent				
	M, NAJMOOL /YAJMUL CORNWALL ROAD			81 82	Name Street Add	dress (P.O. Box Number is Not Acceptable)				

SANFORD FL 32773												
			84	City	CI	85	Žip Cc	de				
			\perp		<u> </u>	Ц.						
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 #gent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12				
TITLE	P 🔀	DELETE 1.1 T	ITLE			☐ Ch	ange	☐ Addition				
NAME:	GULAMABBAS ABDULHUSSEIN	1.2 M	IAME	}								
STREET ADDRESS	1201 CORNWALL ROAD	1.3 S	TREET	ADDRESS								
CITY-ST-ZIP	SANFORD FL 32773	1.4 0	ITY-ST	-ZIP								
TITLE		DELETE 2.1 T	ITLE			☐ Ch	ange	Addition				
NAME	The DANIE HUSSFIN	2.2 M	IAME	1								
STREET ADDRESS	1201 CORNEVALL KUMD	2.3 9	TREET	ADDRESS								
CITY-ST-ZIP	SANFORD FLORIDA 32773	2.44	CITY-S	T-ZIP								
TITLE		DELETE 3.1 T	ITLE			Ch:	ange	☐ Addition				
NAME		3.2 N	AME	1								
STREET ADDRESS		3.3 8	TREET	ADDRESS				'				
CITY-ST-ZIP		34	CITY-S	T-ZIP								
TITLE		DELETE 4.1 T	ITLE			Ch	ange	Addition				
NAME		4.2	NAMÉ									
STREET ADDRESS		4.3 \$	TREET	ADDRESS								
CITY-ST-ZIP		440	ITY-\$1	-ZiP								
TITLE		DELETE 511	ITLE	-		Ch	ange	☐ Addition				
NAME		5.2 M	IAME									
STREET ADDRESS		535	TREET	ADDRESS								
CITY-ST-ZIP			TY-ST	-ZIP								
TITLE		DELETE 6.1 T	ITLE			☐ Ch	ange	Addition				
NAME		6.2 h	IAME									
STREET ADDRESS		6.3 9	TREET	ADDRESS								
CITY-ST-ZIP		6.4 (CITY-ST	r-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 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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4073242700