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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04270** (2)
1. Corporation Name
UNIVERSAL COMMUNICATIONS CO. OF BONITA SPRINGS, INC.

Principal Place of Business
**8794 COMMERCE DR.
BONITA SPRINGS FL 33923**

Mailing Address
**PO BOX 2372
BONITA SPRINGS FL 34133-2372
US**



| | |
|--|--|
| 3. Date Incorporated or Qualified 09/25/1990 | 3a. Date of Last Report 03/13/1996 |
| 4. FEI Number 65-0188243 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**BUENNAGEL, DONALD R.
4835 BONITA BEACH RD
#210
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

| |
|---|
| 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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BONDY, WILLIAM D. | |
| STREET ADDRESS | 4895 BONITA BEACH RD 103 | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HEATH, DAVID F. | |
| STREET ADDRESS | RR 1, BOX 644-C | |
| CITY-ST-ZIP | NORTH WEBSTER IN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUENNAGEL, J. CLIFFORD | |
| STREET ADDRESS | 3450 GULF SHORE BLVD. N. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DCEO | <input type="checkbox"/> DELETE |
| NAME | BUENNAGEL, DONALD R. | |
| STREET ADDRESS | 4835 BONITA BEACH RD.210 | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUENNAGEL, JOANNE | |
| STREET ADDRESS | 4835 BONITA BEACH RD.210 | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-97 941-495-3397

CR2E034 (9/96)