

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

FILED

Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S82155** (0)
1. Corporation Name
UNIVERSAL SHELTER CORPORATION



Principal Place of Business 621 45TH ST SUITE 801 SARASOTA FL 34234 US	Mailing Address 3310 W. HILLSBORO BLVD. MCCLAIN FINANCIAL SUITE 201 DEERFIELD BCH FL 33442-9403 US
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3. Date Incorporated or Qualified 09/23/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 3151 Soaring Gulls Dr Suite, Apt. #, etc. 22 1129 City & State 23 Las Vegas, Nev. Zip 24 89128	2a. Mailing Address 26 1470 SW 19 Ave Suite, Apt. #, etc. 27 Ft. Lauderdale, Fl. City & State 28 Zip 29 33312 Country 30
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4. FEI Number 65-0287353	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
MCEWEN, JOHN
621 45TH ST
SARASOTA FL 34234
3151 Soaring Gulls Dr #1129
Las Vegas, Nev. 89128

10. Name and Address of New Registered Agent
81 Name **Marie M. Mc Clain**
82 Street Address (P.O. Box Number is Not Acceptable)
1470 SW 19 Ave
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33312**

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 **Marie M. Mc Clain** (NOTE: Registered Agent signature required when reinstating) DATE **6/16/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P MCEWEN, JOHN
STREET ADDRESS	621 45TH ST 3151 Soaring Gulls Dr.
CITY-ST-ZIP	SARASOTA FL Las Vegas, Nev. 89128
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 **Marie M. Mc Clain** **6/16/97**

CR2E034 (9/96)