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95 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V24981 (5)

1. Corporation Name
UNIVERSAL COMPONENTS, INC.

Principal Place of Business Mailing Address
100 E. LINTON BLVD. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1992** 3a. Date of Last Report **07/18/1994**
4. FEI Number **65-0321912** 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 has liability for intangible tax under S. 100.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SCOPPETTONE, TERESA
3143 CLINT MOORE RD. #206
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
20160 PALM ISLAND DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33494**

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]* **TERESA SCOPPETTONE** **4/21/95**
Signature of principal officer, registered agent and title if applicable (NOTE: Registered Agent Signature required when resubstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOPPETTONE, TERESA
STREET ADDRESS	3143 CLINT MOORE ROAD #206
CITY - ST - ZIP	BOCA RATON FL 33496
TITLE	VP
NAME	SCOPPETTONE, RONALD
STREET ADDRESS	3143 CLINT MOORE ROAD #206
CITY - ST - ZIP	BOCA RATON FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	20160 PALM ISLAND DR.
14 CITY - ST - ZIP	BOCA RATON, FL. 33494
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	20160 PALM ISLAND DR.
24 CITY - ST - ZIP	BOCA RATON, FL. 33494
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE *[Signature]* **RONALD SCOPPETTONE** **4/21/95** **407-243-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Mailing Phone #)