

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mathian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24981** (5)
1. Corporation Name
UNIVERSAL COMPONENTS, INC.



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Principal Place of Business		2c. Mailing Address		2d. Principal Place of Business	
6601 LYONS RD		6601 LYONS RD		6601 LYONS RD		6601 LYONS RD		6601 LYONS RD	
D10		D10		D10		D10		D10	
COCONUT CREEK		COCONUT CREEK		COCONUT CREEK		COCONUT CREEK		COCONUT CREEK	
33073		BROWARD		33073		BROWARD		33073	

3. Date Incorporated or Qualified: **03/27/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0321912**
5. Certificate of Status Desired: **X** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution:
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SCOPPETTONE, TERESA
20180 PALM ISLAND DRIVE
BOCA RATON FL 33494**

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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: *Teresa Scoppettone*

1/24/96

12. OFFICERS AND DIRECTORS		13.
TITLE	P	1.11
NAME	SCOPPETTONE, TERESA	1.12
STREET ADDRESS	20180 PALM ISLAND DR	1.13
CITY-ST-ZIP	BOCA RATON FL	1.14
TITLE	VP	2.11
NAME	SCOPPETTONE, RONALD	2.12
STREET ADDRESS	20180 PALM ISLAND DR	2.13
CITY-ST-ZIP	BOCA RATON FL	2.14
TITLE		3.11
NAME		3.12
STREET ADDRESS		3.13
CITY-ST-ZIP		3.14
TITLE		4.11
NAME		4.12
STREET ADDRESS		4.13
CITY-ST-ZIP		4.14
TITLE		5.11
NAME		5.12
STREET ADDRESS		5.13
CITY-ST-ZIP		5.14
TITLE		6.11
NAME		6.12
STREET ADDRESS		6.13
CITY-ST-ZIP		6.14

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee and my name appears in Block 12 or Block 13 if named, or on an attachment with an address.

SIGNATURE: *Ronald Scoppettone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

954-725-8856

CR2E034 (12/95)