

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004573 (1)**

1. Corporation Name

USA WORKERS' INJURY NETWORK, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
7301 N. 16TH STREET, STE 201 7301 N. 16TH STREET, STE 201
PHOENIX AZ 85020 PHOENIX AZ 85020

3. Date Incorporated or Qualified 09/02/1994 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 916 Capital of Texas Hwy S 26

4. FEI Number 75-2396953 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 Austin, Texas 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 78746 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 officer 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOGLE, GEORGE
STREET ADDRESS	7301 N. 16TH STREET, STE 201
CITY-ST-ZIP	PHOENIX AZ
TITLE	PD
NAME	HUGHES, BEATRICE
STREET ADDRESS	3355 W. ALABAMA, STE 1010
CITY-ST-ZIP	HOUSTON TX
TITLE	VTB
NAME	HINSON, LARRY K
STREET ADDRESS	916 CAPITOL OF TEXAS HWY
CITY-ST-ZIP	AUSTIN TX
TITLE	S
NAME	SARA, WENDY
STREET ADDRESS	7301 N. 16TH STREET, STE 201
CITY-ST-ZIP	PHOENIX AZ
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Hughes, Beatrice
2.4 CITY-ST-ZIP	916 Capital of Texas Hwy S Austin, TX 78746
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VT
3.3 STREET ADDRESS	Darrell Barker
3.4 CITY-ST-ZIP	916 Capital of Texas Hwy S Austin TX 78746
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 checked="" type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	Laura Dickson
5.4 CITY-ST-ZIP	7301 N. 16th Street, #201 Phoenix AZ 85020
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	Donna Ward
6.4 CITY-ST-ZIP	916 Capital of Texas Hwy S Austin TX 78746

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 119.07(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 as an attachment with an address.

SIGNATURE: Wendy Sara 1/31/95 Wendy Sara, Secretary 602/371-3360
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)