

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N14450** (3)  
1. Corporation Name  
**UNITED STATES SPECIAL FIELD FORCES, USSF, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>CAMP BRADLEY-FRED WALKER ROAD<br/>R.4-BOX 34<br/>BRANFORD FL 32008<br/>US</b> | Mailing Address<br><b>CAMP BRADLEY-FRED WALKER ROAD<br/>R.4-BOX 34<br/>BRANFORD FL 32008-9704<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/17/1986</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc.<br>22<br>City & State<br>23<br>Zip<br>24<br>Country | 2a. Mailing Address<br>26<br>Suite, Apt #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country |
|--|---|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2292967</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**KHAN-VON ROSEN, LEON G  
CAMP BRADLEY-FRED WALKER ROAD  
R.4-BOX 34  
BRANFORD FL 32008**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>PSD</b> <input type="checkbox"/> DELETE                 |
| NAME           | <b>KHAN-VON ROSEN, LEON G</b>                              |
| STREET ADDRESS | <b>CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34</b>            |
| CITY-ST-ZIP    | <b>BRANFORD FL</b>   |
| TITLE          | <b>VTD</b> <input type="checkbox"/> DELETE                 |
| NAME           | <b>KOON, BETH W.</b>                                       |
| STREET ADDRESS | <b>CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34</b>            |
| CITY-ST-ZIP    | <b>BRANFORD FL</b>   |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE        |
| NAME           | <del><b>MCKAY, LEAH B.</b></del>                           |
| STREET ADDRESS | <del><b>CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34</b></del> |
| CITY-ST-ZIP    | <del><b>BRANFORD FL</b></del>                              |
| TITLE          | <input type="checkbox"/> DELETE                            |
| NAME           | <b>CORSARO, LEAH K.</b>                                    |
| STREET ADDRESS | <b>CAMP BRADLEY-FRED WALKER RD</b>                         |
| CITY-ST-ZIP    | <b>RT 4, BOX 34, BRANFORD, FL 32008</b>                    |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LEON G KHAN-VON ROSEN**, Pres. 4-26-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000101

CR2E037 (9/96)