

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 31 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 # P26190 (9)

1. Corporation Name
UNIVERSAL SURETY OF AMERICA, INC.

Principal Place of Business 950 ECHO LANE SUITE 250 HOUSTON TX 77024 US	Mailing Address PO BOX 1068 HOUSTON TX 77251-1068 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 09/27/1989	3a. Date of Last Report 04/17/1996
4. FEI Number 76-0090463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32399**

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 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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOX, JOHN T., JR.	
STREET ADDRESS	950 ECHO LANE SUITE 250	
CITY-ST-ZIP	HOUSTON TE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ESSELBORN, BRUCE A.	
STREET ADDRESS	5557 STAPLETON DR	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GIJON, RICARDO ALFREDO	
STREET ADDRESS	950 ECHO LANE SUITE 250	
CITY-ST-ZIP	HOUSTON TE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, MARY JANE	
STREET ADDRESS	60 STANDISH AVE NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OBUCHOWSKI, SUSAN S.	
STREET ADDRESS	1901 F.N. ORCHARD ST. UNIT F	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STONEBRAKER, KELLY L.	
STREET ADDRESS	1016 SHERIDAN RD	
CITY-ST-ZIP	WILMETTE IL	

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 my address.

SIGNATURE: *[Signature]* 7/25/97 (713) 722-4670

CR2E034 (4/97)