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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90018 015 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-98000035968
1. Corporation Name
JOHNSON AND ASSOCIATES OF USA INC

573658 - 90018 - 13

Principal Place of Business Mailing Address
4460 Fallbrook Blvd
Palm Harbor
FL 34685

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 4/28/98
4. FEI Number 59-3512820 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
JOHNSON STANLEY
4460 Fallbrook Blvd,
Palm Harbor FL 34685

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 STANLEY JOHNSON PRESIDENT DATE 6/23/99

12. OFFICERS AND DIRECTORS
TITLE PRESIDENT
NAME STANLEY JOHNSON
STREET ADDRESS 4460 Fallbrook Blvd,
CITY-ST-ZIP Palm Harbor FL 34685
TITLE VICE PRESIDENT
NAME PATTY CLEVENGER
STREET ADDRESS 4460 Fallbrook Blvd
CITY-ST-ZIP Palm Harbor FL 34685
TITLE SECY TREASURER
NAME STANLEY JOHNSON
STREET ADDRESS 4460 Fallbrook Blvd
CITY-ST-ZIP Palm Harbor FL 34685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
2.1. TITLE
2.2. NAME
2.3. STREET ADDRESS
2.4. CITY-ST-ZIP
3.1. TITLE
3.2. NAME
3.3. STREET ADDRESS
3.4. CITY-ST-ZIP
4.1. TITLE
4.2. NAME
4.3. STREET ADDRESS
4.4. CITY-ST-ZIP
5.1. TITLE
5.2. NAME
5.3. STREET ADDRESS
5.4. CITY-ST-ZIP
6.1. TITLE
6.2. NAME
6.3. STREET ADDRESS
6.4. CITY-ST-ZIP

14. I 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 an address, with all other like empowered.

SIGNATURE: STANLEY JOHNSON PRESIDENT DATE 7-27-526-908

CR2E034 (1/98)