

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

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AND  
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95 MAY -1 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V70161** (7)  
1. Corporate Name  
**U.S. DIGITAL, INC.**

Principal Place of Business: **620B HIGHWAY 19 SOUTH  
PALATKA FL 32177**

Main Office Address: **C/O NEXTEL  
201 ROUTH 17, N.  
RUTHERFORD NJ 07070-2574  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Nature of Business <b>21 c/o Nextel</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/07/1992</b>	3a. Date of Last Report <b>05/24/1994</b>
State, Apt. # etc. <b>22 201 Route 17 N</b>	State, Apt. # etc. <b>27</b>	4. FEI Number <b>59-3163976</b>	Applied For Not Applicable
City & State <b>23 Rutherford, NJ</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 07070-2574 US</b>	Zip <b>29</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country <b>30 US</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROBERTS, QUINTUS IRVING 620B HIGHWAY 19 SOUTH PALATKA FL 32177</b>	10. Name and Address of New Registered Agent
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.06(2) and 607.1006, 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 607.0592, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Name of Registered Agent or Secretary of State (Type or Print Name)  
Name of Registered Agent or Secretary of State (Type or Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME <b>DS O'BRIEN, MORGAN E. 800 CONNECTICUT AVE., N.W., SUITE 1001 WASHINGTON DC</b>	12.2 STREET ADDRESS <b>800 CONNECTICUT AVE., N.W., SUITE 1001 WASHINGTON DC</b>	13.1 TITLE <b>Exec. VP + Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME <b>DP MCAULEY, BRIAN D. 201 ROUTE 17, N. RUTHERFORD NJ</b>	12.4 STREET ADDRESS <b>201 ROUTE 17, N. RUTHERFORD NJ</b>	13.2 TITLE <b>VS MARKELL, JACK A. 201 ROUTE 17, N. RUTHERFORD NJ</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME <b>VS MARKELL, JACK A. 201 ROUTE 17, N. RUTHERFORD NJ</b>	12.6 STREET ADDRESS <b>201 ROUTE 17, N. RUTHERFORD NJ</b>	13.3 TITLE <b>Sr. VP - Ass't Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME <b>TS LONG, ELIZABETH G. 201 ROUTE 17, N. RUTHERFORD NJ</b>	12.8 STREET ADDRESS <b>201 ROUTE 17, N. RUTHERFORD NJ</b>	13.4 TITLE <b>VP, Treas. + Ass't Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME <b>V SCHLIECHER, JOEL 201 ROUTH 17, N. RUTHERFORD NJ</b>	12.10 STREET ADDRESS <b>201 ROUTH 17, N. RUTHERFORD NJ</b>	13.5 TITLE <b>Asst. Treas. John A. Vele 201 Route 17 North Rutherford, NJ 07070</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME <b>S HICKEY, THOMAS D. 201 ROUTE 17, N. RUTHERFORD N.</b>	12.12 STREET ADDRESS <b>201 ROUTE 17, N. RUTHERFORD N.</b>	13.6 TITLE <b>Asst. Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information included 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 owner or holder of power or control to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X *John A. Vele* *John A. Vele* 4/21/95 (201) 438-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE  
Kathleen B. Morhart  
Secretary of State  
1900 GULF BLVD., SUITE 1000  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED

1995

DOCUMENT # **V70558** (4)

To: Corporation Name

**JOY NURSING SERVICE, INC.**

9:11:21

TALLAHASSEE, FLORIDA

Principal Office of Corporation: 7769 GRANDE ST. SUNRISE FL 33351  
Mailing Address: 7769 GRANDE ST. SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year Business		2a. Mailing Address		3. Date of Incorporation (or Transfer)	3a. Date of Last Report
21	8060 Cleary Blvd # 604	26	SAME	10/08/1992	04/26/1994
22. State of Inc. or		27. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		Plantation FL		65-0357977	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23					
24. ZIP Code	25. Country	29. State	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33324	USA				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MULLIN, JAMES G.  
2263 NW BOCA RATON BLVD.  
#205  
BOCA RATON FL 33431

81. Name	
82. Street Address (P.O. Box Number or Not Applicable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, this duly organized corporation submits this statement for the purpose of changing its registered office of principal office or both in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
12.1	D SMITH, GERALDINE M 7769 GRANDE ST. SUNRISE FL 33351	13.1	[ ] Change [ ] Addition
12.2	CHRISTAR 8060 Cleary Blvd 604 Plantation FL 33324	13.2	[ ] Change [ ] Addition
12.3		13.3	[ ] Change [ ] Addition
12.4		13.4	[ ] Change [ ] Addition
12.5		13.5	[ ] Change [ ] Addition
12.6		13.6	[ ] Change [ ] Addition
12.7		13.7	[ ] Change [ ] Addition
12.8		13.8	[ ] Change [ ] Addition
12.9		13.9	[ ] Change [ ] Addition
12.10		13.10	[ ] Change [ ] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation as stated in Sections 607.0507 and 607.1508, Florida Statutes. I further certify that I am an officer or director of the corporation or the manager or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, managers or trustees of the corporation as of the date of filing of this report.

SIGNATURE: *Geraldine Christar* (GERALDINE CHRISTAR) 4-25-95 1-305-236-0505