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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

(2)

**DOCUMENT #** 1. Corporation Name

Principal Place of Business Mailing Address  8908 ROCKY RUN COURT TAMPA FL 33634 US  RANGE FINANCIAL SERVICES INC.  Mailing Address P. O. BOX 262524 TAMPA FL 33685 US					
US		00		3. Date Incorporated or Qualified 04/02/1992	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3119131	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	;	Crty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered Agent
BRANI		02 and 607.1508. From la Stat orde. Such change has author ction 607.0508. Forkla Statut	83 84 City	YMPA  irration submits this statement for the purported of directors. Thereby accept the apport	FL 85 Zn Code
12.	Styrature type for printing name or registered ag-	eri a etire rappi calif ND DIRECTORS	NOTE: Registered Agent signature record	d war renediting) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	MORAN, GARY E. 743 SANDY CREEK DR.	☐ DELETE	1 TTILE 12 NAME 13 STREET ADDRESS	eane en en en	Change
STREET ADDRESS CITY - ST - ZIP	BRANDON FL		1.3 STATEST MDDUC99	CYLAR KILARY KIL	
TIFLE	l U		1 4 C/TY - S1 - Z/P	8908 ROCKY RU TAMPA, FL 35	3634 3634
NAME STREET ADDRESS	MORAN, WANDA J. 743 SANDY CREEK DR. BRANDON FL	☐ DELETE	2 1 TITLE 2 2 NAME	•	Uhange   Add-tién
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS	8908 ROCKY R TAMPA, FL. 3	Change
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	743 SANDY CREEK DR.	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST_ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST_ZIP 4 1 TITLE 42 NAME	•	Change Addition    Change   Addition

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)(k). Florida Statutes. I further certify that the information indicated on this arinual report or supplemental arinual 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 cyanged, of on an attachage it will an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRING O NAME OF SIGNING OFFICER OR DIRECTOR

886-7405