

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 295858 (5)

1. Corporation Name  
**U S PLATING CORPORATION**



Principal Place of Business: 6617 ULMERTON ROAD LARGO FL 34641  
Mailing Address: 6617 ULMERTON ROAD LARGO FL 34641

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country  
30

3. Date Incorporated or Qualified: 08/13/1965  
3a. Date of Last Report: 04/27/1995  
4. FEIN Number: 59-1099588  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SHARP, EDWARD R.  
204 HARBOR VIEW LANE  
LARGO FL 34640**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0205, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHARP, EDDIE		2. NAME	
STREET ADDRESS: 204 HARBOR VIEW LANE		3. STREET ADDRESS	
CITY-STATE-ZIP: LARGO, FL 00000		4. CITY-STATE-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHARP, JOYCE		6. NAME	
STREET ADDRESS: 204 HARBOR VIEW LN		7. STREET ADDRESS	
CITY-STATE-ZIP: LARGO FL		8. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME	
STREET ADDRESS:		19. STREET ADDRESS	
CITY-STATE-ZIP:		20. CITY-STATE-ZIP	

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 annual report or successor 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.

SIGNATURE: *Edward R. Sharp* 1/15/96 (813) 531-3577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)