COF	E ON OR BEFORE 8/7/96: \$ PROFIT RPORATION UAL REPORT	ON WILL BE DISSOL 225 (IF DISSOLVED, M	FLORIDA DEPA Sandra	DUE TO RE	NSTATE: \$375 OF STATE	.)	
	1996	50750	DIVISION OF	CORPOR	ATIONS		
Corporatio	MENT # 55	58758	(9)				
USA IN	ISURANCE GROUP	P, INC.				1 (88) (81 3) (81) (81) (81) (81)	
rincipal Plac	ce of Business	Mail	ling Address				
P.O. BOX 700	OR CITY BLVD 4TH FL 0 Fl 32902-7700	P.C) S. Harbor City). Box 700 LBourne Fl 32902		FL	3. Date Incorporated or Qualific	ed 3a. Date of Last Report
						02/02/1978	06/08/1995
		26	Mailing Address			4. FEI Number 59-1796755	Applied For Not Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & State		,	City & State			6. Election Campaign Financing	Tee riequired
Zip	Country	28	Zip	Cou	Intry	Trust Fund Contribution 8 This corporation has liability for	Added to Fees for intangible tax under s 199 032.
<u> </u>	25	29		30		Florida Statutes	Yes No
	9. Name and Addres	ss of Current Registe	red Agent		81 Name	10. Name and Address of New	Registered Agent
mL	LBOURNE FL 32901						
					83 City		FL 85 Zip Code
office or r agent. I a GNATURE	to the provisions of Section egistered agent, or both, am familiar with, and acce Signature typed or printed name	in the State of Florida pt the obligations of, S	Such change was Section 607.0505, F	authorized lorida Stati	64 City ove-named city by the corporates.	orporation submits this statement for the ration's board of directors. I hereby accelerate when reinstating?	FL
agent. I a GNATURE	registered agent, or both, im familiar with, and acce Signature typed or printed name of	in the State of Florida pt the obligations of, S	Such change was Section 607.0505, F opposition (NO ORS	authorized lorida Stati DTE Registere 13.	84 City love-named or by the corporates. d Agent signature in	ration's board of directors. Thereby acce equired when renstating)	PL
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DOVICE R. TOOLEY

June 21, 1996 407–984–8870

SIGNATURE: