

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 558758 (9)

1. Corporation Name

USA INSURANCE GROUP, INC.



Principal Place of Business

Mailing Address

**930 S. HARBOR CITY BLVD., 4TH FL
P.O. BOX 700
MELBOURNE FL 32902-7700**

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P.O. BOX 700
MELBOURNE FL 32902-7700**

3. Date Incorporated or Qualified 02/02/1978	3a. Date of Last Report 06/08/1995
4. FEI Number 59-1796755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21	25	26	29
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	26	27	30
City & State		City & State	
23	27	28	31
Zip	Country	Zip	Country
24	28	29	30

9. Name and Address of Current Registered Agent

**NASH, CHARLES IAN
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOLEY, DAVID R	1.2 NAME	Love, Philip W.
STREET ADDRESS	653 CANDLEWOOD WAY	1.3 STREET ADDRESS	3216 Birdsong Ct.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PDC	2.2 NAME	D
STREET ADDRESS	LOVE, RICHARD, P, JR	2.3 STREET ADDRESS	O'Brien, William K.
CITY-ST-ZIP	2776 N. RIVERSIDE DR.	2.4 CITY-ST-ZIP	20244 Melville Street
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD	3.2 NAME	Orlando, FL 32833
STREET ADDRESS	TOOLEY, DAVID	3.3 STREET ADDRESS	
CITY-ST-ZIP	653 CANDLEWOOD WAY	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	LOVE, MARGUERITE	4.3 STREET ADDRESS	
CITY-ST-ZIP	2776 N RIVERSIDE DR	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	LOVE, ROBERT, J	5.3 STREET ADDRESS	
CITY-ST-ZIP	8201 HARWOOD CT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David R. Tooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21, 1996 407-984-8870

Date

Display Phone #

CR2E034 (3/96)