

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 046 ***550.00

DOCUMENT # **833735**

1. Corporation Name

U.S.D.S., INC.

Principal Place of Business

**6070 N. FEDERAL HWY
STE 1168
BOCA RATON FL 33487-3921
US**

Mailing Address

**6070 N. FEDERAL HWY
STE 1168
BOCA RATON FL 33487-3921
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1975

4. FEI Number

36-2719466

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property.



Yes



No

Principal Place of Business

2a. Mailing Address

Suite, Ap

City & St

Zip

**NEW ADDRESS:
3200 N. FEDERAL HWY.
SUITE 206-14
BOCA RATON, FL 33431**

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEKAN, ALBERT

**6070 N. FEDERAL HWY, STE 1168
BOCA RATON FL 33487**

NEW ADDRESS:

**3200 N. FEDERAL HWY.
SUITE 206-14
BOCA RATON, FL 33431**

Box Number is Not Acceptable)

FL

85

Zip Code

1. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies 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

OFFICERS AND DIRECTORS

1.	PD FEKAN, A E, JR 2701 N OCEAN BLVD #410 BOCA RATON, FL 00000	<input type="checkbox"/> DELETE
2.		<input type="checkbox"/> DELETE
3.		<input type="checkbox"/> DELETE
4.		<input type="checkbox"/> DELETE
5.		<input type="checkbox"/> DELETE
6.		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99 561-395-3435

CR2E034 (5/99)

0078731