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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001375 (5)

1. Corporation Name

USA MAINTENANCE AND REPAIR SERVICES, INC.



Principal Place of Business

1019 SOUTH HOOD STREET
ALVIN TX 77511

Mailing Address

P. O. BOX 123
ALVIN TX 77511

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

77512-0123

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

(Typed Registered Agent Signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HALL, H. WESLEY	
STREET ADDRESS	1001 FANNIN, #4656	
CITY-STATE-ZIP	HOUSTON TX 77002	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SLACK, JOHN M.	
STREET ADDRESS	1001 FANNIN, #4656	
CITY-STATE-ZIP	HOUSTON TX 77002	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BANNER, VALERIE L.	
STREET ADDRESS	1001 FANNIN, #4656	
CITY-STATE-ZIP	HOUSTON TX 77002	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROGERS, MARGIE E.	
STREET ADDRESS	1019 S. HOOD STREET	
CITY-STATE-ZIP	ALVIN TX 77511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RYAN, WILLIAM A	
1.3 STREET ADDRESS	1009 S. HOOD	
1.4 CITY-STATE-ZIP	ALVIN TX 77511	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROGERS, MARGIE E.	
4.3 STREET ADDRESS	1019 S. HOOD	
4.4 CITY-STATE-ZIP	ALVIN TX 77511	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

MARGIE E. ROGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (713) 331-6154
Date Telephone #

CR2E034 (12/95)