

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
SECRETARY OF STATE
TREASURER OF CORPORATIONS
ATTORNEY GENERAL
AGENCIES OF STATE

DOCUMENT # F93000002773 (0)

1. Corporation Name

USAWIN, INC.

Principal Place of Business

7301 N. 16TH ST., SUITE 200
PHOENIX AZ 85020

(P.O. Box #)

7301 N. 16TH ST., SUITE 200
PHOENIX AZ 85020

2. Principal Place of Business

State, Apt. #, etc.

21

2a. Mailing Address

State, Apt. #, etc.

26

City & State

22

City & State

27

Zip

24

County

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 097.05(a) and 097.15(b), 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 097.05(b), Florida Statutes.

SIGNATURE:

Wendy Sara

DATE: 1/21/95

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MR	CDP BOGLE, GEORGE E 7301 N. 16TH ST., SUITE 201 PHOENIX AZ 85020	11 NAME 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR	VCD HINSON, LARRY K 7301 N. 16TH ST., SUITE 201 PHOENIX AZ 85020	21 NAME 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Darrell Barker 916 Capital of Texas Hwy S Austin TX 78746
MR	ST HINSON, LARRY K 7301 N. 16TH ST., SUITE 201 PHOENIX AZ 85020	31 NAME 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wendy Sara 7301 N. 16th Street, #201 Phoenix AZ 85020
MR		41 NAME 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition G. Michael Bogle 5074 Dorsey Hall Dr., #205 Ellicott City, MD 21042
MR		51 NAME 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		61 NAME 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		71 NAME 72 NAME 73 STREET ADDRESS 74 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		81 NAME 82 NAME 83 STREET ADDRESS 84 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MR		91 NAME 92 NAME 93 STREET ADDRESS 94 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under oath that the information supplied with this filing is voluntarily, truthfully, and clearly made for the exception set forth in Section 197.05(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and that my signature shall have the same legal effect as it would under oath, that I am a director or officer of the corporation, the receiver, or trustee appointed to execute this report as required by Chapter 097, Florida Statutes, and that my name appears in Block 11 or Block 12 of this form or on an attachment thereto.

SIGNATURE: *Wendy Sara*

Wendy Sara, Secretary 1/21/95 602/371-3366

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON THIS FORM

1/21/95 602/371-3366

0401302

PP