

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002833 (0)

1. Corporation Name

USA SYSTEMS GROUP, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2740
SARASOTA FL 34230

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SARASOTA FL 34230

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 2033 Wood St.

26 Suite, Apt. #, etc.

4. FEI Number

59-3216281

Applied For

Not Applicable

22 Suite 220

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24 Sarasota FL

29 City & State

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐

Yes

☐

No

25 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, LINCOLN
773 ST. JUDES DRIVE N
LONGBOAT KEY FL 34228

Name should read →

81 Name Miller, H Lincoln

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 the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME MILLER, LINCOLN
STREET ADDRESS 773 ST. JUDES DRIVE NORTH
CITY-ST-ZIP LONGBOAT KEY FL 34228

1.1 TITLE CM
1.2 NAME Miller, H Lincoln
1.3 STREET ADDRESS 773 St. Juder Drive North
1.4 CITY-ST-ZIP Longboat Key, FL 34228

TITLE STD
NAME MILLER, MARGARET
STREET ADDRESS 773 ST. JUDES DRIVE NORTH
CITY-ST-ZIP LONGBOAT KEY FL 34228

2.1 TITLE DS
2.2 NAME Miller, Margaret
2.3 STREET ADDRESS Same

TITLE CV
NAME MILLER, KURT
STREET ADDRESS 1232 PALM PLACE DRIVE, NE
CITY-ST-ZIP PALM BAY FL 32905

3.1 TITLE VT
3.2 NAME Miller, Kurt
3.3 STREET ADDRESS Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P
4.2 NAME Mobarekeh, Massoud
4.3 STREET ADDRESS 4687 San Siro Dr.
4.4 CITY-ST-ZIP Sarasota FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Kurt J Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

800-544-0027

CR2E034 (3/96)