


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90025 015 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000003261

1. Corporation Name
MARKET U.S.A., INC.

Principal Place of Business**Mailing Address**

2200 E DEVON
 STE 200
 DES PLAINES IL 60018
 US

2200 E DEVON
 STE 200
 DES PLAINES FL 60018
 US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 07/07/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 36-3612376 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent**10. Name and Address of New Registered Agent**

CT CORPORATION SYSTEM
1200 S. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OKNER, SEYMOUR N | 1.2 NAME | |
| STREET ADDRESS | 2200 E DEVON | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES PLAINES IL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGID, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 5980 W TOUITY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NILES IL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KILREA, GREGORY | 3.2 NAME | |
| STREET ADDRESS | 5980 W TOUITY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NILES IL | 3.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAHN, ELIAH | 4.2 NAME | |
| STREET ADDRESS | 2200 E DEVON, STE 200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES PLAINES IL 60018 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED****3/30/99****(847) 803-1900****SEYMOUR OKNER**

CR2E034 (11/98)