## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporatio	NA USA, INC.	1004302 (3)			
Principal Plac	e of <b>Bus</b> iness	Mailing Address			)))
8061 ERIE ROAD 8061 ERIE ROAD					
DERBY NY 14047		DERBY NY 14047		DO NOT WORK WITH	IIO SDACE
				DO NOT WRITE IN TH  3. Date Incorporated or Qualified	113 SPACE
				08/22/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		16-1506600	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	
<u>21</u> .	9. Name and Address of Curre		1371	10. Name and Address of New Registers	<del></del>
NAT	IONAL CORPORATE RESEARCH		81 Name		
1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable (NC	PTE: Registered Agent signature re		
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	KOCH, CHRISTOPHER	L_] DELETE	1.1 TITLE 1.2 NAME		L Change L Addition
STREET ADDRESS	8061 ERIE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DERBY NY 14047		1.4 City-St-ZiP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	AUGUSTINE, PETER M		2.2 NAME		
TREET ADORESS	8061 ERIE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DERBY NY 14047		2 4 CITY-ST-ZIP		
TLE		DELETE	3.1 TITLE		Change Addition
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
ITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE IAME		DELETE	4.1 TITLE 4.2 NAME		Change Addition
TREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STREET ADDRESS		
ITLE		DELETE	51 TITLE		Change Addition
AME		[] bete if	5.2 NAME		T Olovão T Voquoli
TREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TILE		DELETE	6.1 TITLE	المراجعة الم	Change Addition
IAME			6.2 NAME	400002629	354 1/01
STREET ADDRESS			6.3 STREET ADDRESS	<b>-0</b> 9 <u>/0</u> 1/9801028-	~U3( <b>///?)`</b>

6.4 CITY-ST-ZIP

SIGNATURE:

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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or the exemption of the corporation of the corpora

\*\*\*550.00

**FILED** 

Aug 31 1998 8:00am

Secretary of State