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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F97000002259 (6)**

1. Corporation Name  
**U.S.E. COMMUNITY SERVICES GROUP, INC.**

Principal Place of Business  
**8121 E. FLORENCE AVE  
DOWNEY CA 90240**

Mailing Address  
**8121 E. FLORENCE AVE  
DOWNEY CA 90240**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1997**

4. FEI Number

**95-3773174**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MORRIS, KAY  
U.S.E. COMMUNITY SERVICES GROUP, INC.  
10012 N. DALE MABRY HWY SUITE 209  
TAMPA FL 33618**

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PC  
PARSONS, GARY**  
STREET ADDRESS **8121 E. FLORENCE AVE**  
CITY-ST-ZIP **DOWNEY CA 90240**

TITLE ☐ DELETE

NAME **VCS  
PARSONS, JEFF**  
STREET ADDRESS **8121 E. FLORENCE AVE**  
CITY-ST-ZIP **DOWNEY CA 90240**

TITLE ☐ DELETE

NAME **D  
PARSONS, VIOLET**  
STREET ADDRESS **8121 E. FLORENCE AVE**  
CITY-ST-ZIP **DOWNEY CA 90240**

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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  
ted 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  
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  
12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* **5-1-98** **562-927-6686**

CR2E034 (10/97)