# PROFIT CORPORATION ANNUAL REPORT



### FLORIDA DEPARTMENT OF STATE

#### Matherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F97000002259

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90067 040 \*\*\*150.00

| 1. Corporation Name  U.S.E. COMMUNITY SERVICES GROUP, INC.  |  |                               |                       |  |   |                  |                   |     |
|---|--|-------------------------------|-----------------------|--|---|------------------|-------------------|-----|
| Principal Place of Business Maifing Address   |  |                               |                       |  | 1 168(168 tith terit 188(1 terit batet batet anni | Måtti måna eräär | i Beiri (B1) iaan |     |
| 8121 E. FLORENCE AVE 8121 E. FLORENCE AVE   |  |                               |                       | Ì  |   |                  |                   |     |
| DOWNEY CA 90240 DOWNEY CA 90240   |  |                               |                       |  | DO NOT WRITE IN THIS SPACE                        |                  |                   |     |
|   |  |                               |                       |  | 3. Date incorporated or Qualified                 |                  |                   | }   |
| ļ   |  |                               |                       |  | 04/28/1997  |                  |                   |     |
| 2. Principal Pl   | lace of Business                                     | 2a. Mailing Address           |                       | <del></del>  | 4. FEI Number                                     | A                | pplied For        | 1   |
| 21 26 Suite - |  | 26                            |                       |  | 95-3773174  | N/               | ot Applicable     | ]   |
| 0010, 741. 11, 010.   |  | Suite, Apt.#, etc.            | Suite, Apt.#, etc.    |  | 5. Certificate of Status Desired                  |                  | Additional        | -   |
| 22  |  | 27                            |                       |  | - Fee Re  | <del></del>      | ┨                 |     |
| City & State  |  | City & State                  |                       | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |   |                  |                   |     |
| 23  | Country  | Zip                           | Country               |  | 8. This corporation owes the current year in      |                  | 10 1 003          | 1   |
| 24  |  |                               |                       | ,  | Personal Property Tax.                            | Yes              | □No               |     |
| 24  | 9. Name and Address of Curren                        |                               | 30                    |  | 10. Name and Address of New Registered            | Agent            |                   | 1   |
| <del> </del>  |  |                               | 81                    | Name   |   |                  |                   | 1   |
| MERCHAY CHERY HOMY  |  |                               | 82                    | 82 Street Address (P.O. Box Number is Not Acceptable)                              |   |                  |                   | 1   |
| U.S.E. COMMUNITY SERVICES GROUP, INC.   |  |                               | -                     | Subdividuals (* 15. 20% traines)   |   |                  |                   | 1   |
|   | 2 N. DALE MABRY HWY SUITE                            | 209                           | 83                    |  |   |                  |                   | 1   |
| TAM   | PA FL 33618  |                               | 84                    | City   |   | 85 Zip           | Code              | 1   |
| •   |  |                               | 1                     | 1 1  | FI  | <u> </u>         |                   | ĺ   |
| 11. Pursuant to the provisions of Sections 67.0502 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, of the Statel 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, phy accept the obligations of, Section 607.0505, Florida Statutes.  |  |                               |                       |  |   |                  |                   |     |
| SIGNATURE   | Signature, type of printed number of registered ages | H and tolk Park Cebis. (NOTE: | Registered Age        | ni signature requir  | ed when reinstating) DATE                         |                  |                   | 1 3 |
| 12.   |  | D DIRECTORS                   | 13.                   |  | ADDITIONS/CHANGES TO OFFICERS A                   | ND DIRECTO       | □ Addition        | 1 3 |
| TITLE   | PC   | DELETE                        | 1.1 TITLE             | ŀ  |   |                  |                   |     |
| NAME  | 174,0010, 0011                                       |                               | 12 NAME               |  | •   |                  |                   | ] 8 |
| STREET ADDRESS  | 8121 E. FLORENCE AVE<br>DOWNEY CA 90240              |                               | 1.3 STREE             | T ADDRESS  |   |                  |                   |     |
| TITLE   | VCS  | 1 DELETE 217                  |                       | 1.24   | <del></del>                                       | Change           | Addition          | 13  |
| NAME  | PARSONS, JEFF  | •                             |                       | }  |   |                  |                   | 1   |
| STREET ADDRESS  | 8121 E. FLORENCE AVE                                 |                               |                       | TADORESS   |   |                  |                   | i   |
| CITY-ST-ZIP   | DOWNEY CA 90240                                      |                               | 2.4 CITY-ST-ZIP       |  |   |                  |                   | 1   |
| TITLE   |  |                               | 31 TITLE              |  |   | Change           | Addition          |     |
| NAME  | PARSONS, VIOLET 32                                   |                               | 3.2 NAME              |  |   |                  |                   |     |
| -STREET ADDRESS   | * * · · · · · · · · · · · · · · · · · ·              |                               | : 3.3 STREE           | T ADDRESS  |   |                  |                   | { - |
| CITY-ST-ZIP   | DOWNEY CA 90240                                      |                               | 3.4. CffY-            | 5T-ZSP   |   | Change           | ☐ Addition        | 4   |
| TITLE   |  | ☐ DELETE 4.13                 |                       | ł  |   | Li change        | L VOINT           |     |
| NAME  |  | •                             | 4.2 NAME              | - 1  |   |                  |                   |     |
| STREET ADDRESS  |  |                               |                       | TADDRESS   |   |                  |                   |     |
| CITY-ST-ZIP   |  |                               | 44 City-S             | π- <b>zıP</b>  |   | Change           | Addition          | 1   |
| TITLE   | · · · · · · · · · · · · · · · · · · ·                |                               | 5.1 TITLE<br>5.2 NAME | }  |   |                  |                   |     |
| NAME  |  |                               |                       | TADORESS   |   |                  |                   | [   |
| STREET ADDRESS  |  |                               | 5.4 CITY- 8           | · ·  |   |                  |                   | 1   |
| CTTY-ST-ZSP   |  |                               | 6.1 TITLE             | <del></del>  |   | Change           | Addition          |     |
| NAME  |  |                               | 6.2 NAME              |  |   |                  |                   | 1   |
| STREET ADDRESS  |  |                               | 6.3 STREE             | T ADDRESS  |   |                  |                   |     |
|   | • •  |                               | 0.4000                | I  |   |                  |                   | 1   |

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 complementary or the receiver or invites 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, y on an attachment with an address, with all other like empowered.

CONSTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DE

SIGNATURE:

ns\_

(20)917-1do86

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