FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90031 007 ***150.00

DOCUMENT # F9700004033

U.S. DISA	DVANTAGED INDUSTR	RIES, INC.			
Principal Place	of Business	Mailing Address	_		1 1100
2717 7TH AVE. S BIRMINGHAM AL		2717 7TH AVE. S., ST BIRMINGHAM AL 3523			
					3. Date Inci
					07/31/
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Num
21		26	_		63-117
Suite, Apt. #,	etc. E 207	Suite, Apt. #, etc.			5. Certifcate
		City & State			≈6.≎Election.
23		28	_		Trust Fu
Zip 24	Country 25	Zip 29	Country		8. This corp
	9. Name and Address of Cu	rrent Registered Agent			10. Name a
1200	ORPORATION SYSTEM SOUTH PINE ISLAND ROA	D	81 82	Name Street Addre	ss (P.O. Box N
PLANI	ration FL 33324		83	İ	

	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed						
		07/31/1997					
	4.	FEI Number		_ [Ap	plied For	
		63-1173913			No	ot Applicable	le
	5.	Certifcate of Status Desired	<u> </u>			Additional equired	
خت	≈6.·	Election.Campaign.Financing Trust Fund Contribution) <u>—</u>			May Be~ to Fees_	
	8.	This corporation owes the cu Personal Property Tax.		gibl] Ye		XNo_	
	10.	Name and Address of New	Registered Ag	jeni			4
ddress (P.O. Box Number is Not Acceptable)							
			FL	85	·	Code 	
orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered							

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co-office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature r	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD DELETE	1.1 TITLE	Change ☐ Addition
NAME ·	SLOSS, A. PAGE JR.	1.2 NAME	
STREET ADDRESS	ATAT THE AME OF OTHER	1.3 STREET ADDRESS	2717 7 CB Avanua South, Suite 207
CITY-ST-ZIP	BIRMINGHAM AL 35233	1.4 CITY-ST-ZIP	
TITLE	DVT DELETE	2.1 TITLE	, ÇChange Addition
NAME	HOLLOWAY, MAYO JR.	2.2 NAME	
STREET ADDRESS	2717 7TH AVE. S., STE. 300	2.3 STREET ADDRESS	2717 7TH Avenue South, Suite 207
CITY-ST-ZIP	BIRMINGHAM AL 35233	2. 4 CITY-ST-ZIP	
TITLE	DVS DELETE	3.1 TITLE	Change ☐ Addition
NAME	YOUNG, FRANK M III	3.2 NAME	
STREET ADDRESS	2717 7TH AVE. S., STE. 300	3.3 STREET ADDRESS	2717 7 THE Avenue South, Suite 207
CITY-ST-ZIP	BIRMINGHAM AL 35233	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	. Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7IP		6.4 CITY-ST-ZIP	t.

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.

REQUIRED