

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000004907**

1. Corporation Name
STOCK USA, INC.



Principal Place of Business
**12396 WORLD TRADE DR. #112
 SAN DIEGO CA 92128**

Mailing Address
**12396 WORLD TRADE DR. #112
 SAN DIEGO CA 92128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1998

4. FEI Number
33-0659504

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MANN, RALPH O	
STREET ADDRESS	2725 ARIANE DR. #170	
CITY-ST-ZIP	SAN DIEGO CA 92117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLISON, JOHN D	
STREET ADDRESS	9978 KIKA CT. #7812	
CITY-ST-ZIP	SAN DIEGO CA 92129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINSON, DENNIS R	
STREET ADDRESS	1047 AVONDALE LANE	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPRAGGS, TERI	
STREET ADDRESS	1102 PACIFIC BEACH DR. #D	
CITY-ST-ZIP	SAN DIEGO CA 92109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lemperle, John	
1.3 STREET ADDRESS	7737 Wing Span Drive	
1.4 CITY-ST-ZIP	San Diego, CA 92119	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Malisbury, Richard A.	
2.3 STREET ADDRESS	10830 Hess Drive	
2.4 CITY-ST-ZIP	La Mesa, CA 91941	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Murrel, Thomas W.	
3.3 STREET ADDRESS	320 E. Maple Street # 108	
3.4 CITY-ST-ZIP	Birmingham, MI 48009	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walton, Lawrence	
4.3 STREET ADDRESS	265 Woodland Drive	
4.4 CITY-ST-ZIP	Vista, CA 92083	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: **1/22/99** DAYTIME PHONE #: **(619) 675-7878**

CR2E034 (11/98)