PROFIT CORPORATION ANNUAL REPORT

DOCUMENTS#



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90028 036 \*\*\*150.00

1. Corporation	USA, INC.	000351					
Principal Place	e of Business	Mailing Address					
37 EAST WILLOW ST. 37 EAST WILLOW ST.						•	
MILLBURN NJ 07041 MILLBURN NJ 07041					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/18/1998	• •	
2. Principal P	lace of Business	2a. Mailing Address	,		4. FEI Number	٩	pplied For
1 26		26			22-3528698		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional	
2		27				Fee F	Required
City & State		City & State	8		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5:00 May Be Added to Fees		
Zip	Country	Zip	Countr	У	8. This corporation owes the current y		
4	25	29 30	)		Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Regis	tered Agent	
FMF	RY, MICHAEL R		Ľ				
ONE FINANCIAL PLAZA, STE. 2020			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	•	_
FT. LAUDERDALE FL 33394			8	3			
			-			19 (1) 3 (1) 4	
			84 City			FL 85 Zip	Code
SIGNATURE	Stgnature, typed or printed name of registered agen OFFICERS AN		egistered Ag	ent signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	OR\$ IN 12
TITLE	CS	☐ DELETE	1.1 TITLE			Change	
NAME	ADLER, MICHAEL		1.2 NAME	:			1
STREET ADDRESS	A		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MILLBURN NJ 07041		1.4 CITY-	ST-ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE			- Change	Addition
NAME	ANTONOFF, RICHARD	·					
STREET ADDRESS	of Elici Microm on		,	ET ADDRESS			
CITY-ST-ZIP	MILLBURN NJ 07041	☐ DELETE	2.4 CITY 3.1 TITLE			Change	Addition
TITLE	DT COOPERMAN, JOEL	[ Occert	3.2 NAME			<b>—</b> 0-	
NAME STREET ADDRESS	AT CLOT 1471 1 0141 OT		1	ET ADDRESS			
CITY-ST-ZIP	MILLBURN NJ 07041		3.4. CITY		` ,		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-			<del></del>	
TITLE		☐ OELETE	5.1 TITLE	1		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-		<u> </u>		e Addition
TITLE			6.2 NAME			<del></del>	}
NAME STREET ADDRESS			•	ET ADDRESS	•		}
CITY-ST-7IP		1	6.4 CITY-				

14. I hereby certify that the information supplied with his filing does not attellify 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 of trustee employered 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.

SIGNATÚRE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9733773790

Daytime Phone #

CR2E034 (11/98