

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J38480**  
1. Corporation Name  
**USA CORPORATE CORP**

**(6)**



Principal Place of Business  
**2111 DREW STREET  
P.O. BOX 4989  
CLEARWATER FL 34618-1989**

Mailing Address  
**2111 DREW STREET  
P.O. BOX 4989  
CLEARWATER FL 34618-1989**

3. Date Incorporated or Qualified **10/15/1986** 3a. Date of Last Report **02/20/1995**  
4. FET Number **NOT APPLICABLE** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Sube. Apt. #, etc.

26 Sube. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**ROBERTS, MELANIE  
3510 MAGNOLIA RIDGE CIRCLE  
UNIT 507  
PALM HARBOR FL 34684**

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 607.0532 and 607.1504, 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 607.0532, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, MICHAEL</b>	
STREET ADDRESS	<b>P.O. BOX 25825 N/A</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33622</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERTS, MELANIE</b>	
STREET ADDRESS	<b>3510 Magnolia Ridge Circle #507</b>	
CITY-STATE-ZIP	<b>Palm Harbor, FL 34684</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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**-04/08/96--01030--022**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with my address.

SIGNATURE:

*Michael Ford*  
Michael Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 8 1996

Date - Please

CR2E034 (12/95)

44-96