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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J38480

USA CORPORATE CORP

Principal Place of Business			Mailing Address					I (BBISIN BING ISINI SNISI NIBNI INI	41 48 41 414 11 4 4	#17 #1# 21 #1# 11	B1811 81811 1881
2111 DREW STREET		2111	2111 DREW STREET								
P.O. BOX 4989			P.O. BOX 4989				Ì	DO NOT WOITE IN THIS SPACE			
CLEARWATER FL 34618-1989		CLEA	CLEARWATER FL 34618-1989				-	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
	•						}	10/15/1986			}
2 Principal D	lace of Business	20 1	Mailing Address				-	4. FEI Number		T A	oplied For
	lace of oddiness	26	Maning / Madrood				-	NOT APPLICABLE		_ 	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.								Additional
22		27	·					5. Certifcate of Status Desired		Fee R	equired
City & State	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	Z	Zip	Co	untry			8. This corporation owes the curre	ent year Int		_
24	25	29		30		•		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registe	ered Agent		 	,		10. Name and Address of New R	egistered.	Agent	
000	EDTO MELANIE				81	Name					
	ERTS, MELANIE				82	Street A	Addres	s (P.O. Box Number is Not Accepta	bie)		
	MAGNOLIA RIDGE CIRCLE										
UNIT					83						
PALI	M HARBOR FL 34684				84	City				85 Zip	Code
	•					•			FL	, ` `	
11, Pursuant	registered agent, or both, in the State of	of Florida	r. 1506, Florida Statut Such channe was a	uthorize	d by	the como	ration's	ation submits this statement for the	t the appoi	ntment as re	egistered
office or n agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida tions of, S nt and title if a	. Such change was a Section 607.0505, Flo applicable. (NOTE	rida Sta	d by tutes.	the corpo	oration's	s board of directors. I nereby acception	DATE	nument as re	
office or nagent. I all SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	of Florida tions of, S nt and title if a	Such change was a Section 607.0505, Flo	: Registere	d by tutes.	the corpo	oration's	s board of directors. I nereby accep	DATE	ID DIRECTO	ORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP