

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

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J48583 (5) 1. Corporation Name US CAPITAL FINANCIAL SERVICES, INC.			
Principal Place of Business 2805 W. BUSCH BLVD. SUITE 111 TAMPA FL 33618-4532 US		Mailing Address 2805 W. BUSCH BLVD. SUITE 111 TAMPA FL 33618-4532 US	
2. Principal Place of Business 21 110 S. LAKEWOOD DR. Suite, Apt. #, etc. 22 B#2-U#5 City & State 23 BRANDON FL Zip 24 33510-4029		2a. Mailing Address 26 PO BOX 2802 Suite, Apt. #, etc. 27 City & State 28 BRANDON FL Zip 29 33509-2802 Country 30 USA	
3. Date Incorporated or Qualified 12/23/1986		3a. Date of Last Report 01/26/1996	
4. FEI Number 59-2751849		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NICHOLS MICHELE S 2805 W. BUSCH BLVD. SUITE 111 TAMPA FL 33618		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 110 S. LAKEWOOD DR 83 B#2-U#5 84 City BRANDON FL 85 Zip Code 33510-4029	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PO	<input type="checkbox"/> DELETE	
NAME	NICHOLS, L. G.		
STREET ADDRESS	2805 W. BUSCH BLVD. #111		
CITY-ST-ZIP	TAMPA FL		
TITLE	VST	<input type="checkbox"/> DELETE	
NAME	NICHOLS, MICHELE S.		
STREET ADDRESS	2805 W. BUSCH BLVD. #111		
CITY-ST-ZIP	TAMPA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	110 S. LAKEWOOD DR B#2-U#5		
1.4 CITY-ST-ZIP	BRANDON FL 33510-4029		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	110 S. LAKEWOOD DR B#2-U#5		
2.4 CITY-ST-ZIP	BRANDON FL 33510-4029		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 do 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.			
SIGNATURE: MICHELE S. NICHOLS		04-01-97 (813) 643-8787	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)