FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K75207** **(6)**

1. Corporation Name
UNITED SERVICES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2300 SUN BANK CENTER P O BOX 112 ORLANDO FL 32802	2300 SUN BANK CENTER P O BOX 112 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2944644 ☐ 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

9. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Lehn E. Abrams, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 801 N. Magnolia Avenue, Suite 201
83
84 City: Orlando, FL 85 Zip Code: 32803

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: [signature] 4/25/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory. Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPT	11 TITLE	V/~~PT~~D	☐ Change ☒ Addition
NAME	ANDERSON, ANTHONY	12 NAME	DAVID A. SHRUM	
STREET ADDRESS	2081 JUDITH PLACE	13 STREET ADDRESS	3102 CECELIA DRIVE	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	S	21 TITLE	S/~~D~~	☒ Change ☐ Addition
NAME	ANDERSON, PAULINE M.	22 NAME	SANDRA KENNY	
STREET ADDRESS	2081 JUDITH PLACE	23 STREET ADDRESS	487 SABAL TRAIL	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	P	31 TITLE	P/~~D~~	☒ Change ☐ Addition
NAME	KENNY, ROBERT F.	32 NAME	ROBERT KENNY	
STREET ADDRESS	487 SABAL TRAIL	33 STREET ADDRESS	487 SABAL TRAIL	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	41 TITLE	TREASURER	☐ Change ☒ Addition
NAME	KENNY, SANDRA J.	42 NAME	SHARI A. SHRUM	
STREET ADDRESS	478 SABAL TRAIL	43 STREET ADDRESS	3102 CECELIA DRIVE	
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shari A. Shrum 4/18/95 (407) 682-4605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063466 CP