

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

CORPORATION ANNUAL REPORT 1995 6		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K75207

1. Corporation Name

UNITED SERVICES INTERNATIONAL, INC.

Principal Place of Business 2300 Sun Bank Center Orlando, FL 32802	Mailing Address Post Office Box 112 Orlando, FL 32802
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2300 Sun Bank Center Suite, Apt. #, etc. 22	2a. Mailing Address 26 Post Office Box 112 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 3/24/89	3a. Date of Last Report 4/23/95
City & State 23 Orlando, Florida Zip 24 32802	City & State 28 Orlando, Florida Zip 29 32802	4. FEI Number 59-2944644	Applied For <input type="checkbox"/> Not Applicable
Country 25 USA	Country 30 USA	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Lehn E. Abrams, Esq. 801 N. Magnolia Avenue, Suite 201 Orlando, FL 32803	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Kenny	2.2 NAME	
STREET ADDRESS	975 Vineridge Run	2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. Kenny	3.2 NAME	
STREET ADDRESS	975 Vineridge Run, A.S. FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	32714	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shari A. Shrum	4.2 NAME	
STREET ADDRESS	3102 Cecelia Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Apopka, FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Shrum	5.2 NAME	
STREET ADDRESS	3102 Cecelia Drive, Apopka, FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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6/20/96

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)(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 attachment with an address.

SIGNATURE: *[Signature]* 6/6/96 (407) 521-8910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #