


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

FILED

Apr 24 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 # L31873 (7) 1. Corporation Name CONSIGNMENT U.S.A., INC.			
Principal Place of Business 1621A EDGEWOOD DR LAKELAND FL 33803 US		Mailing Address 1621A EDGEWOOD DR. LAKELAND FL 33803-3365 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent WALLACE, ALMA D. 132 ROYAL PALM COURT, SW WINTER HAVEN FL 33880		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	
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	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DPS	WALLACE, ALMA D.	1.1 TITLE	Change Addition
132 ROYAL PALM COURT, SW		1.2 NAME	
WINTER HAVEN FL		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
DV	DANIELS, HAROLD L.	2.1 TITLE	Change Addition
132 ROYAL PALM COURT, SW		2.2 NAME	
WINTER HAVEN FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
T	WALLACE, ALMA D.	3.1 TITLE	Change Addition
132 ROYAL PALM COURT, SW		3.2 NAME	
WINTER HAVEN FL		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	Change 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: <i>Alma D. Wallace</i> 4-5-97 688-0035			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALMA D. WALLACE			

CR2E034 (9/96)