

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L40710** (0)
1. Corporation Name
USACO ENTERPRISES, INC.



Principal Place of Business

**4520 EAUGALLE BLVD.
MELBORNE FL 32935**

Mailing Address

**4520 EAUGALLE BLVD.
MELBORNE FL 32935**

3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 02/08/1995
4. FEI Number 59-3092000	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GANDHI, HEMANT R.
442 LANTERN BACK ISLAND DR
SATELLITE BEACH FL 32937**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PANDYA, SUMANT J.**
STREET ADDRESS **315 N TROPICAL TR**
CITY-ST-ZIP **MERRITT ISLAND FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PANDYA, SNEHLATA S.**
STREET ADDRESS **315 N TROPICAL TR**
CITY-ST-ZIP **MERRITT ISLAND FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **GANDHI, HEMANT R.**
STREET ADDRESS **442 LANTERNBACK ISLD DR**
CITY-ST-ZIP **SATELLITE BCH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GANDHI, PRATIBHA H**
STREET ADDRESS **442 LANTERNBACK ISLD DR**
CITY-ST-ZIP **SATELLITE BCH FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GANDHI, PANKAJ R**
STREET ADDRESS **735 HANNA DR**
CITY-ST-ZIP **MERRIT ISLAND FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96

Date

407-254-8400

Daytime Phone #

CR2E034 (12/95)