

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

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**Jan 15 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 # L40710 (0)**  
1. Corporation Name  
**USACO ENTERPRISES, INC.**



Principal Place of Business: **4520 EAUGALLE BLVD. MELBORNE FL 32835**  
Mailing Address: **4520 EAUGALLE BLVD. MELBORNE FL 32834-7216**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/08/1990</b>	3a. Date of Last Report <b>05/14/1996</b>
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	4. FEI Number <b>59-3092000</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**GANDHI, HEMANT R.  
442 LANTERN BACK ISLAND DR  
SATELLITE BEACH FL 32837**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 reappointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PANDYA, SUMANT J.</b>	
STREET ADDRESS	<b>315 N TROPICAL TR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PANDYA, SNEHLATA S.</b>	
STREET ADDRESS	<b>315 N TROPICAL TR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GANDHI, HEMANT R.</b>	
STREET ADDRESS	<b>442 LANTERNBACK ISLD DR</b>	
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GANDHI, PRATIBHA H</b>	
STREET ADDRESS	<b>442 LANTERNBACK ISLD DR</b>	
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GANDHI, PANKAJ R</b>	
STREET ADDRESS	<b>735 HANNA DR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:** *[Signature]* **17 97** **407 259-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0103245

CR2E034 (9/96)