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Jan 27 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 # L81168 (1)

1. Corporation Name
USTICA, INC.



Principal Place of Business
% AAMCO TRANSMISSIONS
2525 FOWLER ST
FT MYERS FL 33901

Mailing Address
% AAMCO TRANSMISSIONS
2525 FOWLER ST
FT MYERS FL 33901-5205

3. Date Incorporated or Qualified 06/18/1990
3a. Date of Last Report 04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9280-5 College Parkway

22 City & State

27 City & State

23 Zip

Country

28 FT. MYERS

24

25

29 FL 33919

Country USA

30

4. FEI Number 65-0197655

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

10. Name and Address of New Registered Agent

USTICA, JOHN, J
~~% AAMCO TRANSMISSIONS~~
~~2525 FOWLER ST~~
~~FT MYERS FL 33901~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9280-5 College Parkway

83

84 City FT. MYERS

FL

85 Zip Code 33919

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME USTICA, JOHN J
STREET ADDRESS 2525 FOWLER ST
CITY - ST - ZIP FT MYERS FL 33901

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9280-5 COLLEGE PARKWAY
1.4 CITY - ST - ZIP FT. MYERS, FL. 33919

TITLE PD
NAME USTICA, KATHRYN J
STREET ADDRESS 2525 FOWLER ST
CITY - ST - ZIP FT MYERS FL 33901

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97 941-489-3933
Date Daytime Phone #

CR2E034 (9/96)