

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 # **L84500**

(2)

1. Corporation Name

USAVADEE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% YVONNE MOORE THOMPSON
1120 ROYAL PALM BCH BLVD. S233
ROYAL PALM BCH FL 33411

% YVONNE MOORE THOMPSON
1120 ROYAL PALM BCH BLVD. S233
ROYAL PALM BCH FL 33411

3. Date Incorporated or Qualified

08/29/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1693047

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. 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

THOMPSON, YVONNE MOORE
106 SWAN PARKWAY EAST
ROYAL PALM BEACH FL 33411

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 607.0602 and 607.1506, 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

Signatures, typed or printed name of registered agent and fee application

NOTE: Registered Agent, signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, YVONNE MOORE	1.2 NAME	
STREET ADDRESS	106 SWAN PARKWAY EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, SAMUEL LEE II	2.2 NAME	
STREET ADDRESS	106 SWAN PARKWAY EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ASHLEY MARIE	3.2 NAME	
STREET ADDRESS	106 SWAN PARKWAY EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 supplementary 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: *Yvonne M. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne M. Thompson 4/22/96

Received: 04/12/96 03:00:04 From: 804 455 3990

CP2E034 (12/95)