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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**USAVADEE ENTERPRISES, INC.** 

May 07 1998 8:00am Secretary of State

FILED



Principal Place of Business Mailing Address % YVONNE MOORE THOMPSON F YVONNE MOORE THOMPSON 1120 ROYAL PALM BCH BLVD. S233 1120 ROYAL PALM BCH BLVD, \$233 ROYAL PALM BCH FL 33411 DO NOT WRITE IN THIS SPACE ROYAL PALM BCH FL 33411 3. Date Incorporated or Qualified 06/29/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1693047 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THOMPSON, YVONNE MOORE **106 SWAN PARKWAY EAST** 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City 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 Stato 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 registerni agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 1 1 TITLE TITLE THOMPSON, YVONNE MOORE NAME 12 NAME **106 SWAN PARKWAY EAST** 1.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE THOMPSON, SAMUEL LEE II NAME 2.2 NAME **106 SWAN PARKWAY EAST** STREET ADDRESS 2.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE THOMPSON, ASHLEY MARIE NAME 3.2 NAME **106 SWAN PARKWAY EAST** STREET ADDRESS 3.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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:

561-795-1295