

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:01**

**DOCUMENT # M99448 (6)**

1. Corporation Name

**UNITED STATES TAX CREDITS, INC.**

Principal Place of Business

5701 NORTH PINE ISLAND ROAD  
SUITE 310  
TAMARAC FL 33321-4400

Mailing Address

5701 NORTH PINE ISLAND ROAD  
SUITE 310  
TAMARAC FL 33321-4400

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/21/1988** 3a. Date of Last Report **06/03/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

4. FEI Number

**65-0074583**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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 Now Registered Agent

**SWEET, MICHAEL  
5701 N. PINE ISLAND RD.  
SUITE 310  
TAMARAC FL 33321**

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

*Michael Sweet*  
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**4-7-95**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
SWEET, MICHAEL A.  
5701 N PINE ISLAND ROAD, SUITE 280  
TAMARAC FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
RUGARE, JOHN A  
5701 N PINE ISLAND ROAD, SUITE 280  
TAMARAC FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

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

**No Vice President**

Change  Addition

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

Change  Addition

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

Change  Addition

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

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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(2)(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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if appropriate, on an attachment with an address

SIGNATURE:

*Michael A. Sweet, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-95**

**305 746 5666**