

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14450** (3)  
1. Corporation Name  
**UNITED STATES SPECIAL FIELD FORCES, USSF, INC.**



Principal Place of Business <b>CAMP BRADLEY-FRED WALKER ROAD R.4-BOX 34 BRANFORD FL 32008 US</b>		Mailing Address <b>CAMP BRADLEY-FRED WALKER ROAD R.4-BOX 34 BRANFORD FL 32008-9704 US</b>		3. Date Incorporated or Qualified <b>04/17/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2292967</b>	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country				

9. Name and Address of Current Registered Agent <b>KHAN-VON ROSEN, LEON G CAMP BRADLEY-FRED WALKER ROAD R.4-BOX 34 BRANFORD FL 32008</b>		10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, 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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN-VON ROSEN, LEON G	1.2 NAME	
STREET ADDRESS	CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, BETH W.	2.2 NAME	
STREET ADDRESS	CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, LEAH B.	3.2 NAME	
STREET ADDRESS	CAMP BRADLEY-FRED WALKER RD., R.4-BOX 34	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSARO, LEAH K.	4.2 NAME	
STREET ADDRESS	CAMP BRADLEY-FRED WALKER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RT 4, BOX 34, BRANFORD, FL 32008	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **LEON G. KHAN-VON ROSEN**, Pres. 4-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000101

CR2E037 (9/96)