


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																	
DOCUMENT # N96000002571 1. Corporation Name UNITED STATES TANDEM ASSOCIATION, INC.																																																																																																					
Principal Place of Business 1645 N. Lexington Avenue Deland, FL 32724			Mailing Address c/o Robert L. Feldman, Esq. 300 Sevilla Ave., Ste. 305 Coral Gables, FL 33134																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 5/8/96 3a. Date of Last Report 5/8/96 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																	
9. Name and Address of Current Registered Agent ROBERT L. FELDMAN 300 Sevilla Avenue Suite 305 Coral Gables, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">p/D <input type="checkbox"/> DELETE</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">WILLIAM BOOTH</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1645 N. Lexington Avenue</td> <td>CITY - ST - ZIP</td> <td>Deland, FL 32724</td> </tr> <tr> <td>TITLE</td> <td>V/S/T/D <input type="checkbox"/> DELETE</td> <td>NAME</td> <td>Thomas Keith Donle</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1645 N. Lexington Ave.</td> <td>CITY - ST - ZIP</td> <td>Deland, FL 32724</td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> DELETE</td> <td>NAME</td> <td>Charles Robert Overby</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1645 N. Lexington Avenue</td> <td>CITY - ST - ZIP</td> <td>Deland, FL 32724</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	p/D <input type="checkbox"/> DELETE	NAME	WILLIAM BOOTH	STREET ADDRESS	1645 N. Lexington Avenue	CITY - ST - ZIP	Deland, FL 32724	TITLE	V/S/T/D <input type="checkbox"/> DELETE	NAME	Thomas Keith Donle	STREET ADDRESS	1645 N. Lexington Ave.	CITY - ST - ZIP	Deland, FL 32724	TITLE	D <input type="checkbox"/> DELETE	NAME	Charles Robert Overby	STREET ADDRESS	1645 N. Lexington Avenue	CITY - ST - ZIP	Deland, FL 32724	TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
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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: William Booth SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/22/97 Date																																																																																																		
			904 - 736-7589 Daytime Phone #																																																																																																		

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