


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90115 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N97000004516 | | | | | |
| 1. Corporation Name THE AUTHORIZED NATIONAL BODY OF THE UNITED STATE S OF AMERICA, INC. | | | | | |
| Principal Place of Business 550 NW LEJEUNE RD. MIAMI FL 33126 | | | Mailing Address 550 NW LEJEUNE RD. MIAMI FL 33126 | | |



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/03/1997 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number APPLIED FOR | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HUFSEY, JEFFREY R 550 NW LEJEUNE RD. MIAMI FL 33126 | | | | 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 _____ (NOT E: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------------|---------------------------------|--|---|---|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HUFSEY, J.R. | | | 1.2 NAME | | | |
| STREET ADDRESS | 550 NW LEJEUNE RD. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33126 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | TEUSHER, R.J. | | | 2.2 NAME | | | |
| STREET ADDRESS | 306 S. CHESTNUT | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COLORADO SPRINGS CO 80905 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GUINASSO, A. | | | 3.2 NAME | | | |
| STREET ADDRESS | 2401 E. WARDLOW RD. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LONG BEACH CA 90807-5309 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LEVERT, E.D. SR. | | | 4.2 NAME | | | |
| STREET ADDRESS | P.O. BOX 650003, MAIL STOP L10-03 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DALLAS TX 75265-0003 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BOVIE, D.F. | | | 5.2 NAME | | | |
| STREET ADDRESS | 505 ETON LN. | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | YORK PA 17402 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GODLEY, A. | | | 6.2 NAME | | | |
| STREET ADDRESS | 600 N. 18TH ST., PO BOX 2641 | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BIRMINGHAM FL 35291-0708 | | | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)