## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30384

(2)

## UNITED SAVERS ASSOCIATION INCORPORATED

## **FILED** Mar 18 1997 8:00am Secretary of State



Suite, Apt. #, etc.    Suite, Apt. #, etc.											
DALLAS TX 75244  DALLAS TX 75244-4419  3. Date incorporated or Qualified 3r. Date of East Report O7/17/1990 3r. Date of E	Pri	incipat Place	e of Busines	S	N	Mailing Address					
2. Principal Place of Business		• • • • • • • • • • • • • • • • • • • •		2							
20										3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1990 03/26/1996	
Suite, Apt. #, etc.  22   27   City & State  23   28   29   20   Country  24   22   29   20   30   Fresh decided Contillation   Added to Fees  Example of the Continuous of th	2.	Principal Pl	lace of Busin	ess	2a	. Mailing Address				4. FEI Number Applied For	
City & State   City & City & State   City & City & City & City & City & State   City & City	21				26					1 Mot Applicable	
City & State   City	22	Sulte, Apt.	ity & State			City & State				5 Certificate of Status Dostrect 1 1	
27p	l	City & State									
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent						Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
KATOSIC, GEORGE J \$553 WESTWIND LANE FORT MYERS FL 33919    Bay	24						30]		·		
## STORT MYERS FL 33919  ## Street Address (P.O. Box Numbor is Not Acceptable)  ## Street Address (P.O. Box Numbor is Numbor is Not Acceptable)  ## Street Address (P.O. Box Numbor is Num	∟		9. Name	and Address of (	urrent Regi	stered Agent			r <del></del>	10. Name and Address of New Registered Agent	
STORY MYERS FL 33919  82 Sircet Address (P.O. Box Number is Not Acceptable)  83 New Smyrna Bch., FL 32169  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.05.02 and 617.15.08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. In orday accept the epigations of, Section 817.05.03, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PTD  DELETE 1.11.11.E  SOUNCE Specific Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  SIGNATURE Specific Agency in provision and series of Florida. Such change was authorized by the corporation's board of directors. In orday agency in corporation's board of directors. In orday agency in provision and acceptable provision and agency in provision and acceptable.  SIGNATURE Specific Address (P.O. Box Number is Not Acceptable)  SIGNATURE Specific Agency in provision and acceptable approximent as registered agency in provision and acceptable provision accept								81	Name  ⊒e	ean Coate	
Signature   PTD								82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
New Smyrna Bch., FL 32169   85 Zip Code   84 City   84 City   85 Zip Code   85 Zip Code   86 Zip C								83		I Maralyn Ave	
STATURE   PTD		FORT N	MYERS FL	3919				03		ew Smyrna Bch., FL 32169	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with and accept the obligations of, Soction 617,0503, Florida Statutos.  SIGNATURE    Signature								84			
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with and accept the obligations of, Soction 617,0503, Florida Statutos.  SIGNATURE    Signature	11	. Pursuant !	to the provis	ions of Sections 61	7.0502 and 6	617.1508. Florida St	atutes, the at	DOV	I c-named corp	poration submits this statement for the purpose of changing its registered	
SIGNATURE	•	office or re	egistered ag	ent, or both, in the	State of Flori	rida. Such change w	as authorized	d by	y the corporat	tion's board of directors. I hereby accept the appointment as registered	
NOTE   Progression Agency   Speaker, synty for private or name of layer target agency and state in play castle.   12.	SI	•	$\mathcal{X}$	(0)	:17	en, BBenevi 21110000	11.41.66.5161			Coate 70 / 25 /9-7	
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64 City-St-7/P 64 Cit			by Cortify the	t the information a	manifest with 4	this filing does not a				d in Special 110 07(3Vi). Elerida Statutes 1 further portify that the	

red nereby certify that the mornispion supplied with this thing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this 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 corporate or the processor or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attachment with an address

Lames Bedmond

2/18/97 972-233-3195