SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30384

(2)

UNITED SAVERS ASSOCIATION INCORPORATED

FILED Aug 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		
-4300-ALPHA-ROAD-STE 102- DALLAS TX 75244		-4300 ALPHA ROAD STE-102- -DALLAS TX 75244-		Date incorporated or Qualified     07/17/1990
				4. FEI Number Applied Fo 75-2109761 Not Applied
	BOHENAJE CENTER	2a. Mailing Address 26 1600 Romto	Ade Cente	2 5. Certificate of Status Desired See Required Fee Required
Suite Apt.	4. etc. 1050	I S⊔ite, Apt, #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	ARDSOM, TEXAS	C/N & State	TFX4J	7. Is this nonprofit corporation a homeowners association?
24 7509	63 Country DSA	29 75075 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes I No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			B1 Name	
2. Principal Place of Business 21			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)
			83	
			84 City	FI 85 Zip Code
er to exifte	gistered agent, or both, in the State of	Florida, Such change was authori	ized by the corporat	pretion submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: R	tegistered Agent signature r	equired when reinstating) DATE
			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	P10-	DELETE	1.1 TITLE	
NAME	LINK, ROBERT J.	_	1.2 NAME	GEORGER. KATOSIC TIMBERCELLE DRIVE
STREET ADDRESS	4900 ALPHA ROAD STE 402		1.3 STREET ADDRESS	2401 TIMBER CREEK DIGIVIN
CITY-ST-ZIP	DALLAS TX 75244-4419		1.4 CITY-ST-ZIP	P/4NO, 78×43 730/3
TITLE	<del>6D.</del>	DELETE	1.3	//D Change Add
NAME			2.2 NAME	ANNE M. Nored
STREET ADDRESS	· 5 5		2.3 STREET ADDRESS	2055EIS LASOS DRIVE
			2.4 CITY-ST-ZIP	WYLE, TEXAS 75 OFB
	- <u> </u>	D DCCC1C		STO Change Add
			1	BARBARA A. KA TOSIC
			3.3 STREET ADDRESS	PLANO, TEXAS TSUTS
	UNLLAG IX /3299-9918		3.4 CITY-ST-ZIP	Thomas Add
		DECETE		itchell M. Katosic Change LAdd
	4		4.3 STREET ADDRESS	1313 BERYL STREET, UNIT D
			4.4 CITY-ST-ZIP	REJONDO BEACH, CALIFORNIA 90277
			5.1 TITLE	Change Add
NAME			5.2 NAME	
1		i i	5.3 STREET ADDRESS	
CITY-ST-ZIP		I.	5.4 CITY-ST-ZIP	
TITLE		<del>-</del>	6.1 TITLE	Change Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. i hereby ce	ertifu that the information supplied with t	his filing does not qualify for the e	vemotion stated in s	action 119 07/3)/i) Florida Statutes I further certify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florids 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

SIGNATURE AND TYPED OR PRIMED HAVE OF SIGNING OFFICER OR DIRECTOR

7/24/98 812/664-91