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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012379 (3)

1. Corporation Name

U.S. TRADE DISCOUNT, INC.



Principal Place of Business

9200 BONITA BCH. RD.
STE 210
BONITA SPRINGS FL 33923
US

Mailing Address

9200 BONITA BCH. RD.
STE 210
BONITA SPRINGS FL 33923
US

2. Principal Place of Business

21 21655 Tennessee St
Suite, Apt. #, etc.

2a. Mailing Address

26 P O Box 1747
Suite, Apt. #, etc.

23 City, State

23 Bonita Springs FL
Zip 34135 Country

28 City, State

28 Bonita Springs FL
Zip 34133 Country

24

34135

25

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34133

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9. Name and Address of Current Registered Agent

OPPLIGER, ALEXANDER
9200 BONITA BCH. RD.
STE 210
BONITA SPRINGS FL 33923

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of type and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	OPPLIGER, ALEXANDER	
STREET ADDRESS	9200 BONITA BCH. RD., STE 210	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	S	DELETE
NAME	OPPLIGER, ALEXANDER	
STREET ADDRESS	9200 BONITA BCH. RD., STE 210	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	T	DELETE
NAME	OPPLIGER, ALEXANDER	
STREET ADDRESS	9200 BONITA BCH. RD., STE 210	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)