


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000008580 (1)
1. Corporation Name
~~U.S. 1 PRODUCTIONS, INC.~~ NAME CHANGED TO
T MOTT & ASSOCIATES, INC. 3-30-98

Principal Place of Business Mailing Address
~~612 INDUSTRIAL AVE BOYNTON BEACH FL 33426~~ **103 YACHT CLUB WAY #110 HYPOLUKO, FL 33462**
~~612 INDUSTRIAL AVE BOYNTON BEACH FL 33426~~ **103 YACHT CLUB WAY #110 HYPOLUKO, FL 33462**



21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		Suite, Apt. #, etc.		City & State		Country	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1993

4. FEI Number
65-0383666

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MOTT, THOMAS P
~~10450 BOYNTON PLACE CIR BOYNTON BEACH FL 33437~~
103 YACHT CLUB WAY #110 HYPOLUKO, FL 33462

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOTT, THOMAS P	
STREET ADDRESS	10450 BOYNTON PLACE CIR 103 YACHT CLUB WAY	
CITY-ST-ZIP	BOYNTON BCH FL HYPOLUKO, FL #110 33462	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POWERS, GINDY R	
STREET ADDRESS	12854 11A APT. L2	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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

1.1 TITLE	PRES & SECRETARY & DIRECTOR.	<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	400002477684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/03/98--01011--025	
6.3 STREET ADDRESS	***150.00	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing on an electronic filing address.

Thomas P. Mott President 3/30/98

CP2E034 (10/97)