

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027873 (7)

1. Corporation Name

USF OF SOUTH FLORIDA, INC.



Principal Place of Business

10462 NW 31 TERRACE
SUITE 1612
MIAMI FL 33172
US

Mailing Address

10462 NW 31 TERRACE
SUITE 1612
MIAMI FL 33172
US

2. Principal Place of Business

2a. Mailing Address

21 7601 SW Lost River Rd
Suite, Apt. #, etc.

26 7601 SW Lost River Rd.
Suite, Apt. #, etc.

22

27

23 Stuart, FL
City & State

28 Stuart, FL
City & State

24 34997
Zip Country

29 34997
Zip Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0414835

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

TABOR, MARTIN
10462 NW 31 TERRACE
STE. 1612
MIAMI FL 33172

81 Name

Tabor, Martin

82 Street Address (P.O. Box Number is Not Acceptable)

7601 SW Lost River Rd.

83

84 City

Stuart

FL

85 Zip Code

34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1606, 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]

[Signature]

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	DPST	□ DELETE
NAME	TABOR, MARTIN A	
STREET ADDRESS	10462 NW 31 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPST	□ Change	□ Addition
1.2 NAME	Tabor, Martin A.		
1.3 STREET ADDRESS	7601 SW Lost River Rd.		
1.4 CITY-ST-ZIP	Stuart, FL 34997		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

4/29/96 (407)220-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)