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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052419 (7)

USTM, INC.

Principal Place of Business	Mailing Address	Mailing Address		T I INDIVIDUE KAD IDIDEE KANAL BONIN BONIN BONIN BONIN BADIN BLOKK BLOCK HIGHD FOLK FOR I	
320 INDIAN RIVER AVENUE	320 INDIAN RIVER AVENUE TITUSVILLE FL 32796				
TITUSVILLE FL 32796				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified	
				07/27/1993	1
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	26			59-3207614 Not Applica	ble
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	27			Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Z ip	Coun	hrv		\dashv
 	29	30	u y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 9. Name and Address of Current F		300		10. Name and Address of New Registered Agent	_
DAVIS, BETTY SCOTT			1 Name		
320 INDIAN RIVER AVE.		-	2 Street A	Address (P.O. Box Number is Not Acceptable)	
TITUSVILLE FL 32796		ľ	Sileer/	Address (F.O. Box Number is Not Acceptable)	
THOO VICILE 12 SE755		ε	13		
			14 City	85 Zip Code	\dashv
			' '	FL	
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Stal Florida, Such change wa	lutes, the abo s authorized	ove-named by the cord	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	ed d
agent. I am familiar with, and accept the obligation	ons of, Section 607.05 0 5,	Florida Statu	tes.	, , ,	
SIGNATURE		-		penuired when reinstating) DATE	_
Signature: typed or printed name of rog seried agent a OFFICERS AND I		OIE Registered /	Agent signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	一
TITLE PD	DELETE	1.1 TITL	ξ	Change Addit	
NAME DAVIS, BETTY SCOTT		1.2 NAM	te l		tion
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CITY-ST-ZIP TITUSVILLE FL		1.3 STR			lion
			'-ST-ZIP		lion
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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 trusted 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.