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

Mailing Address
1342 COLONIAL BLVD.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1342 COLONIAL BLVD.

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000052724 (0)

ON LINE SERVICES U.S.A., INC.

| SUITE #22<br>FORT MYERS FL 33907 |  | SUITE #22<br>FORT MYERS FL 33907-1004 |              |           |                |   |                                |                               |  |
|----------------------------------|--|---------------------------------------|--------------|-----------|----------------|---|--------------------------------|-------------------------------|--|
|                                  |  |                                       |              |           |                | 3. Date Incorporated or Qualified 07/23/1993  | 3a. Date of La<br>01/30/199    |                               |  |
| 2. Principal P                   | Place of Business  | 2a. Mailing Address 26                |              |           |                | 4. FEI Number<br>65-0425484   |                                | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.              |  | Suite, Apt. #, etc.                   |              |           |                | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |                               |  |
| City & State                     | e  | City & State                          |              |           |                | Election Campaign Financing     Trust Fund Contribution                                 |                                | .00 May Be<br>ded to Fees     |  |
| Zip                              | Country 25   | Zip 29                                | 30           | Count     | У              | 8. This corporation has liability for   |                                |                               |  |
|                                  | 9, Name and Address of Currer  |                                       |              | 1         | <del></del>    | 10. Name and Address of New Re  |                                |                               |  |
| SIMO                             | ON, RONALD S   |                                       |              | 8         | Name           |   | <del></del>                    |                               |  |
| 1342 COLONIAL BLVD.              |  |                                       |              | 8:        | Street         | t Address (P.O. Box Number is Not Acceptable)   |                                |                               |  |
| #22<br>FORT MYERS FL 33907       |  |                                       |              | 83        |                |   |                                | A                             |  |
|                                  |  |                                       |              | 84        | City           | · · · · · · · · · · · · · · · · · · ·   | 85                             | Zip Code                      |  |
|                                  |  |                                       |              |           |                |   | FL [°°]                        |                               |  |
| office or r                      | registered agent, or both, in the State am familiar with, and accept the oblig | of Florida, Such cha-                 | nge was auth | norized b | v the cor      | corporation submits this statement for the poration's board of directors. I hereby acce | ot the appointmen              | it as registered              |  |
|                                  | Signature, typed or printed name of registered aga                             |                                       | (NOTE: R     |           | gent signaturi | e required when reinstating)  | DATE                           |                               |  |
| 12.                              | OFFICERS AN  |                                       | S. F. F. F.  | 13.       |                | ADDITIONS/CHANGES TO OFFI   |                                |                               |  |
| THTLE                            | PD CHACK BONALD C  | L) L                                  | DELETE       | 1,1 TITLE |                |   | L Cha                          | nge 🔲 Addition                |  |
| NAME                             | SIMON, RONALD S  | 400                                   |              | 1,2 NAME  |                |   |                                |                               |  |
| STREET ADDRESS                   | 1342 COLONIAL BLVD. SUITE  | #22                                   |              | 1,3 STREE | T ADDRESS      |   |                                |                               |  |
| CITY - ST - ZIP                  | FORT MYERS FL  |                                       |              | 1.4 CITY- |                |   |                                |                               |  |
| TITLE                            | STD  |                                       | DELETE       | 2 1 TITLE |                |   | L. Cha                         | nge L_ Addition               |  |
| NAME                             | ROSSNAN, LOUIS W   | ***                                   |              | 2.2 NAME  |                |   |                                |                               |  |
| STREET ADDRESS                   | 1342 COLONIAL BLVD. SUITE  | #22                                   |              | 2.3 STREI | T ADDRESS      |   |                                |                               |  |
| CITY - ST - ZIP                  | FORT MYERS FL  |                                       | 1231111      | 2 4 CITY  | -ST-ZIP        |   |                                |                               |  |
| INTE                             | VD   | [_] [                                 | DELETE       | 3.1 TITLE |                |   | Cha                            | nge                           |  |
| MAME                             | LEVEYE, ANTHONY W  |                                       |              | 3.2 NAME  | :              |   |                                |                               |  |
| STREET ADDRESS                   | 1342 COLONIAL BLVD. SUITE  | 22                                    |              | 3.3 STREE | et address     |   |                                |                               |  |
| CITY-ST-ZIP                      | FORT MYERS FL 33907  |                                       |              | 3.4. CITY | -ST-ZIP        |   |                                |                               |  |
| TITLE                            |  |                                       | DELETE       | 4.1 TITLE |                |   | <b>L</b> Cha                   | nge 🔲 Addition                |  |
| NAME                             |  |                                       |              | 4, 2 NAM  | E              | •   |                                |                               |  |
| STREET ADDRESS                   |  |                                       |              | 4.3 STRE  | T ADDRESS      |   |                                |                               |  |
| CITY-ST-ZIP                      |  |                                       |              | 4.4 CITY  |                |   |                                |                               |  |
| TIFLE                            |  | □ t                                   | DELETE       | 5.1 TITLE |                |   | ☐ Cha                          | nge Addition                  |  |
| NAME                             |  |                                       |              | 5.2 NAME  |                |   |                                |                               |  |
| STREET ADDRESS                   | )  | •                                     |              | 5.3 STRE  | ET ADDRESS     |   |                                |                               |  |
| CITY-ST-ZIP                      |  |                                       |              | 5.4 CITY- | ST-ZIP         |   |                                |                               |  |
| TITLE                            |  | <u> </u>                              | DETELE       | 6.1 TITLE |                |   | ☐ Cha                          | inge Addition                 |  |
|                                  |  |                                       |              | 6.2 NAME  |                |   |                                |                               |  |
| NAME .                           |  |                                       |              |           |                | <b>S</b>  |                                |                               |  |
| NAME<br>STREET ADDRESS           |  |                                       |              | 6.3 STRE  | ET ADDRESS     |   |                                |                               |  |
| CHY-SY-ZIP                       |  |                                       |              | 6.4 CITY  | \$1-2(P        | stated in Section 119.07(3)(i), Florida Statute   |                                |                               |  |