FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079973 (2)

1. Corporation Name

UNITED STATES FINANCIAL ASSISTANCE CORP.

Principal Place of Business	Mailing Address
919 SEDDON COVE WAY TAMPA FL 33602	919 SEDDON COVE WAY TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3212820 — Applied For / Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) — Country (25) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSON, RICHARD A 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	NIKOLOV, NIKOLAY T	1.2 NAME
STREET ADDRESS	919 SEDDON COVE WAY	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	NIANTCHEV, STEFAN S	2.2 NAME
STREET ADDRESS	919 SEDDON COVE WAY	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP
TITLE	P	3.1 TITLE ☐ Change ☐ Addition
NAME	OLSEN, DOUGLAS S.	3.2 NAME
STREET ADDRESS	919 SEDDON COVE WAY	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE	VPST	4.1 TITLE ☐ Change ☐ Addition
NAME	SCHMIDT, STEVEN R.	4.2 NAME
STREET ADDRESS	919 SEDDON COVE WAY	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: Steve Schmidt — STEVEN R. SCHMIDT V.P., Sec, Tres. — 4-28-95 — (813) 223-1756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090106 CP