PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400006356**1. Corporation Name

MICHAEL A. USAN, P.A.

Principal Place of Business COURTHOUSE SOUARE BUILDING 200 SE 6TH ST STE 306 FT. LAUDERDALE FL 33301 US DO NOT.WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/18/1994 4. FEI Number 65-0460219 Suite, Apt. #, etc. 21 City & State City & State City & State 28 City & State 29 Country 21 Country 21 Country 22 Country 25 Country 27 Country 28 Country 29 Name and Address of Current Registered Agent Mailing Address DO NOT.WRITE IN THIS SPACE Applied 01/18/1994 4. FEI Number 65-0460219 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Requir Fee Requir Fee Requir St.00 May Added to Fe Personal Property Tax. 10: Name and Address of New Registered Agent Name	onal ed Be es
200 SE 6TH ST STE 306 FT LAUDERDAEL FL 33301 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/18/1994 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State City & State 28 City & State 29 Zip Country Zip Country 29 30 Country Suite, Apt. # is corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Applied 6. FEI Number 6. Election Campaign Financing Trust Fund Contribution Added to Fe 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent	onal ed Be es
3. Date Incorporated or Qualifed 01/18/1994 2. Principal Place of Business 2a. Mailing Address 65-0460219 Applied 65-0460219 Not Applied 65-0460219 Not Applied 65-0460219 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee	onal ed Be es
2. Principal Place of Business 2a. Mailing Address 2b. FEI Number 65-0460219 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Zip Zip Country Zip Zip Country Zip Zip Country Zip Zip Zip Country Zip Zip Country Zip Zip Country Zip Zip Country Zip Zip Zip Country Zip Zip Country Zip	onal ed Be es
2. Principal Place of Business 3. Principal Place of Business 3. Not Ap 3. Suite, Apt. #, etc. 3. Certificate of Status Desired	onal ed Be es
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Not Ap Status Desired \$8.75 Addit Fee Require Fee Require Added to Fe Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	onal ed Be es
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired	Be es
22 City & State Ci	Be es
City & State Country Country Country Country Zip Country Zip Country Substitution Country Substitution Country Substitution Country Country Country Substitution Added to Fe Personal Property Tax. Substitution Name and Address of New Registered Agent	es
Trust Fund Contribution Added to Fe Zip Zip Country Zip Country Solution Solution Zip Country Solution Solution Solution Solution Added to Fe Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Solution Yes Solution Added to Fe Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Solution Added to Fe Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Solution Solution Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Solution Solution Solution Solution Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Added to Fe B. This corporation owes the current year Intangible Personal Property Tax. Yes Solution Sol	
Zip Country Zip Country 8. This corporation owes the current year intanglote Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10: Name and Address of New Registered Agent	· 0
9. Name and Address of Current Registered Agent 10: Name and Address of New Registered Agent	
81 Name	
USAN, MICHAEL A 82 Street Address (P.O. Box Number is Not Acceptable)	
COURTHOUSE SQUARE BUILDING	21,1151.
200 SE 6TH ST., STE 306 83 83 83 33 33 33 33 33 33 33 33 33 33	
FT. LAUDERDALE FL 33315	7 10 1 10 D
FL 1. 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 region of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register	·
office or registered agent, or both, in the state of holds. Statutes. Signature. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	 IN 12
12. OFFICERS AND DIRECTORS 13. ABBITTACHEM CONTROL Change [Addition
NAME USAN. MICHAEL A	
STREET ADDRESS 2591 NW 87 OR.	
CORAL SPRINGS FL 33065	
CITY-ST-ZIP COMAL SPRINGS PL 33063 TAGITY-ST-ZIP Change [Addition
	,
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS	
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY ST - ZIP 24 CITY ST - ZIP	7.4.1.22
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY ST ZIP 24 CITY ST ZIP	Addition
NAME STREET ADDRESS CITY-ST-ZIP USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP CORAL SPRINGS FL 33065 24 CITY-ST-ZIP Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 21 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 NAME 3.3 NAME	Addition
NAME USAN, MICHAEL A 22 NAME STREET ADDRESS 2591 NW 87 DR. 23 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP	A STATE OF THE STA
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 2591 NW 87 DR. 23 STREET ADDRESS 2.4 CITY-ST-ZIP CORAL SPRINGS FL 33065 2.4 CITY-ST-ZIP Change TITLE 32 NAME 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE DELETE DELETE 41 TITLE Change TI	A STATE OF THE STA
NAME	A STATE OF THE STA
NAME	A STATE OF THE STA
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE 4.1 TITLE A.3 STREET ADDRESS CITY-ST-ZIP TO DELETE 4.3 STREET ADDRESS CITY-ST-ZIP TO DELETE 4.3 STREET ADDRESS CITY-ST-ZIP TO DELETE 4.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 2.4 CITY-ST-ZIP Change TITLE	A STATE OF THE STA
NAME USAN, MICHAEL A 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP CORAL SPRINGS FL 33065 DELETE 31 TITLE	Addition
NAME STREET ADDRESS 2591 NW 87 DR. 23 STREET ADDRESS 24 CITY-ST-ZIP CORAL SPRINGS FL 33065 24 CITY-ST-ZIP Change TITLE Change	Addition

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

. : 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 |

02-11-1999 90042 016 ***150.00

14. I hereby certify that the information supplied with this filing does not quality 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 repeiver 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 all achment with an address point all other like empowered.