Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90017 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000017053

1. Corporation Name

U.S. INTELLIGENCE CORPORATION

Principal Place of Business Mailing Address							#1 \$1 0 11 1 01	IE BOIDE	A MATANA DIST AMOL	
600 ALAMANDA		600 ALAMANDA CT	· · · · · · · · · · · · · · · · · · ·			• •				
INDIALANTIC FL	32903	INDIALANTIC FL 32903				DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed			5 SPAC			
						02/28/1994				
2 D-ii) Di	of Business	2a. Mailing Address				4. FEI Number		T Ar	plied For	
-	ace of Business	⊢ ⁻				59-3231336	<u> </u>	 -	ot Applicable	
Suite, Apt. i	H ata	Suite, Apt. #, etc.					\$8		Additional	
─ ''	r, etc.	27				5. Certificate of Status Desired			equired	
City & State	9	City & State				6. Election Campaign Financing	\$!	5.00	May Be	
23	-	 	28			Trust Fund Contribution			to Fees	
Zip	Country Zip Co			гу		8. This corporation owes the current year I	ntangible	3		
24	25	29	30			Personal Property Tax.	☐ Ye		No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent			
			8	1	Name					
MINCE, DON				2	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
	ALAMANDA CT		ľ	~	Oll Cott / Garo					
INDIALANTIC FL 32903			8	13						
, ,	,			4	Cibe		. 85	Zin:	Code	
•					City FL 85 Zip					
office or re agent: I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	tnorized b da Statute	es.	ne corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	Dintment	as re	gistered	
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: ID DIRECTORS	13.	gent s	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIF	ECTO	DRS IN 12	
12.	P	DELETE	1.1 TITLE	=		ADDITIONAL TO CO. T. CO. T. C.		hange	Addition	
TITLE	MINCE, DON		1.2 NAMI		•					
NAME				1.3 STREET ADDRESS			,			
STREET ADDRESS				1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE			_	2.1 TITLE				hange	☐ Addition	
NAME .			2.2 NAM			,				
ļ			L		ADDRESS					
STREET ADDRESS			2. 4 CITY						Į.	
CITY-ST-ZIP TITLE			3.1 TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·	CI	hange	☐ Addition	
NAME		_	3.2 NAM	E						
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			3.4. CITY							
TITLE			4.1 TITLE				C	hange	Addition	
NAME			4. 2 NAME						1	
STREET ADDRESS			4.3 STRE	EET A	ADDRESS				ŀ	
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETE	5.1 TITLE				c	hange	☐ Addition	
NAME I			5.2 NAM	Ε					-	
STREET ADDRESS			5.3 STRE	EETA	ADDRESS				ĺ	
CITY-ST-ZIP			5.4 CITY	·ST-	ZIP	<u></u>				
TITLE		DELETE	6.1 TITLI	E			□c	hange	☐ Addition	
NAME			62 NAM	E					1	

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP