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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-S1-ZIP

appears in Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

941 648-4443

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053241 (3)

USA COMPUTER TECHNOLOGIES, INC.

Mailing Address Principal Place of Business 3930 SOUTH FLORIDA AVE. 3930 SOUTH FLORIDA AVE. LAKELAND FL 33813-1116 LAKELAND FL 33803 3a. Date of Last Report 3. Date Incorporated or Qualified 07/18/1994 06/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3260011 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKS, JOHN PAUL % WENDEL CHRITTON & PARKS CHARTERED Street Address (P.O. Box Number is Not Acceptable) 5300 SOUTH FLORIDA AVE. 83 **LAKELAND FL 33813** 84 City 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 Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE ALVAREZ, SUSAN 1.2 NAME NAME 4116 GLENGARY RD. 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAV-2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY - ST - 7IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - S1 - 74P DELETE Change Addition 4.1 TITLE 1111.8 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TIT.,F 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the examption 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 only e receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name