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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARAMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 14 1997 8:00am Secretary of State

DOCUMENT #	P94000077325	(6)
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	USA INCORPORATED					
Principal Place of Business Mailing Address 9240 WEST HWY, 192 9240 WEST HWY, 192					19 MEST 9111 1881	
CLERMONT FL		9240 WEST HWY, 192 CLERMONT FL 34711				
				3. Date Incorporated or Qualified 10/19/1994	3a. Date of L	
2. Principal F	Place of Business	28. Mailing Address		4. FEI Number 59-3287580	_	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #. etc		5. Certificate of Status Desired	1 1 '	.75 Additional
City & Sta	te	City & State		6. Election Campaign Financing	•	5.00 May Be
23		28	.,	Trust Fund Contribution		dded to Fees
Zip 24	Country 25	7φ [29]	Country 30		☐ Yes ☐ No	
	9. Name and Address of Curre		81 Name	10. Name and Address of New Re	gistered Agent	
	RPORATION INFORMATION SER I HAYS ST.	VICES INC.				
	LAHASSEE FL 32301		82 Street Ad	ldress (P.O. Box Number is Not Acceptal	ble)	
,,,,,,,			83			
			84 City		85	Zip Code
			l I		FL ~	
11. Pursuant	Lto the provisions of Sections 607.05	02 and 607.1508. Horida Statu	ites. The above-named co	progration submits this statement for the r	purpose of chang	ging its registered
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and according to the second sections.	502 and 607.1508, Florida Statu h: of Florida. Such change was page of, Section 607.0505, F	ites, the above-named co authorized by the corpor lorida Statules.	orporation submits this statement for the particular alion's board of directors. I hereby accept	purpose of chang pt the appointme	ging its registered but as registered
agent. 1 a	am tamiliar with, and according	or, Section 607.0505, F	ionda Statujes.	3/	9/97	ging its registered brit as registered
11. Pursuant office or agent. I a SIGNATURE	Signature, typied or painted trains of any free of the control of	or, Section 607.0505, F	ites, the above-named co authorized by the corpor lorida Statules. ht: Begistered Agent signature ren 13.	3/	CI/9/	CTORS IN 12
EIGNATURE 12. TITLE	Signature, typed or printed trans or greater OFF ICE RS A	OND DIRECTORS	onda Statutes. Dit Bog stored Agent signicure for 13. 1.1 TOLE	Juried when reastalling)	CI/9/	CTORS IN 12
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I do bereby 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 changes, property and in address.

SIGNATURE:

3/9/97

941-424-6095