

**FILE NOW: FILING FEE AFTER MAY 1, IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000078654 (8)**

1. Corporation Name

**THE USA/EUROPE INS & OUTS COMPANY**



Principal Place of Business

Mailing Address

**334 CROFTON DRIVE  
OCOOE FL 34761**

~~334 CROFTON DRIVE  
OCOOE FL 34761~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **215 N. EOLA DRIVE**

23 City & State

27 Suite, Apt. #, etc.  
28 **ORLANDO, FL**

24 Zip

25 Country

29 Zip

30 Country

**32801 ORANGE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/26/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **215 N. EOLA DRIVE**

23 City & State

27 Suite, Apt. #, etc.  
28 **ORLANDO, FL**

24 Zip

25 Country

29 Zip

30 Country

**32801 ORANGE**

3. Date Incorporated or Qualified

**10/26/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3274178**

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

~~GIOERTZ, JACQUELYN  
334 CROFTON DRIVE  
OCOOE FL 34761~~

81 Name **W. MICHAEL CLIFFORD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**215 NORTH EOLA DRIVE**

84 City **ORLANDO,**

**FL**

85 Zip Code **32801**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent (if applicable)

Signature, typed or printed name of registered agent (if applicable)

**4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIOERTZ, JACQUELYN</b>	
STREET ADDRESS	<b>334 CROFTON DRIVE</b>	
CITY - ST - ZIP	<b>OCOOE FL 34761</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>GIOERTZ, JACQUELYN</b>	
13 STREET ADDRESS	<b>334 CROFTON DRIVE</b>	
14 CITY - ST - ZIP	<b>OCOOE, FL 34761</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**000001797080  
-04/26/96--01100--037  
\*\*\*200.00**

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:

**Jacquelyn Gioertz Director**

**4.4.96**

**407-654-0152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

*Handwritten initials*