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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	The same of the sa	DIVISION OF CORPORATIONS
DOCUMENT #	P9400007	8654 (8)
THE USA/EUROPE	INS & OUTS COMPA	NY
Principal Place of Business	Mail	ing Address
334 CROFTON DRIVE OCOEE FL 34761		OF CROFTON ORING



	4761	- COOCE LE GALO			
				3. Date Incorporated or Qua 10/26/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address	····	4. FEI Number	Applied For
1		26 215 N.	EOLA DRIVE	E 59-3274178	Not Applicable
Suite, Apt. #	#, etc.	Suite Apt. #, etc		5. Certificate of Status Desi	red Sa.75 Additional Fee Required
City & State		City & State		6. Election Campaign Finan Trust Fund Contribution	
7.0	Country	28 ORLANDO	Country		Added to Fees Ity for intangible tax under s 199.032,
Ζφ 4	25	32801	30 ORANGI		Yes No
9	g. Name and Address of Curr	L-Y1	1301 01211.01	10. Name and Address of	
			81 Nam	ne	
- CIOEDT	7 JACOUELVAL			W. MICHAEL CLIFF	
	APPONICTIONS OF THE PROPERTY O		82 Stre	eet Address (P.O. Box Number is Not Ac 215 NORTH EOLA D	ceptatik) RTVF:
-001-011			83	213 11011111 20211 2	
OOOLE	TEONOT				
			84 City	ORLANDO,	FL 85 Zip Code 32801
11. Pursuant t	o the provisions of Sections 607,05	02 and 607.1508, Florida Statu	tes, the above named	d corporation submits this statement for	the purpose of changing its registered offic
or registeri familiar wit	ed agent, or both, in the State of Hill in and agcent file abili⊈tions of Sc	onda. Such change was aufhori acton 607.0505. Flor da Statute	zed by the corporation is.	his board of directors. Thereby accept to	the purpose of changing its registered offici ne appointment as registered agent. I am
SIGNATURE	/ Waye	MI. WY			4//1/96
	Signature, typed or printed name of registerer, ag	entalistincinappelace	Jili systema gri t sigi afi.	us required whereastating	EATE.
12.	OFFICERS A	ND DIRECTORS	1 40	ADDITIONO (OLIANIOCO I	C OFFICED AND DIST OFFICE AND
• • •	OF I ICE. IS A	IND DIRECTORS	13.	ADDITIONS/CHANGES I	O OFFICERS AND DIRECTORS IN 12
	D	DELETE	1 1 TITLE	P/S/T	Change X Addition
TILE	D		·· ·	P/S/T GIOERTZ, JACQU	☐ Change 🔀 Addition ELYN
TILE	D GIOERTZ, JACQUELYN		1 1 TIFLE 1 2 NAME	P/S/T GIOERTZ, JACQU 334 CROFTON DR	Change Addition
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HTLE LAME STREET ADDRESS CHY-ST-ZIP	D GIOERTZ, JACQUELYN		1 1 TIFLE 1 2 NAME	P/S/T GIOERTZ, JACQU 334 CROFTON DR	Change Addition ELYN IVE
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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 early 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, Floridh Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THE DOT PRIVITED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR DIRECTOR

409-654-0152 Daytime Phone #