

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 950000 25509**

1. Corporation Name

ULTIMATE U.S.A INC.

Principal Place of Business
**4100 N. POWERLINE RD
Suite H5
Pompano Beach
FL 33073**

Mailing Address
**4100 N. POWERLINE RD.
Suite H5
Pompano Beach
FL 33073**

3. Date Incorporated or Qualified **03/30/1995** 3a. Date of Last Report **4/29/96**

2. Principal Place of Business
21 **5301 E. INDEPENDENCE BLVD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **5301 E. INDEPENDENCE BLVD**
Suite, Apt. #, etc.

4. FEI Number **65-0569397** Applied For ☐ Not Applicable ☒

22 **E**
City & State

27 **E**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Charlotte NC**
Zip Country

28 **Charlotte N.C.**
Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **28212** 25

29 **28212** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FABIAN RONALD
4100 N. POWERLINE Road
Suite H5
Pompano Beach
F.L. 33073**

10. Name and Address of New Registered Agent

81 Name **JOOI B. GREEN P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **1499 WEST RHUETTE PARK RD.**
83 **Suite #300**
84 City **DOCA RATON** 85 Zip Code **FL 33486**

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] **John B. Green, Pres.**

04/17/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P FABIAN RONALD	<input type="checkbox"/> DELETE
NAME	4100 N. POWERLINE RD Suite H5	
STREET ADDRESS	Pompano Beach FL 33073	
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		
1.1 TITLE	P JOUBERT JOHANNES J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5301 E. INDEPENDENCE BLVD. Suite E	
1.3 STREET ADDRESS	Charlotte NC 28212	
1.4 CITY-ST-ZIP		
2.1 TITLE	T JOUBERT DAVID J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5301 E. INDEPENDENCE BLVD. Suite E.	
2.3 STREET ADDRESS	Charlotte N.C. 28212.	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 disclosed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/97

(704) 566-8844

Date

Daytime Phone #

CR2E034 (9/96)

[Handwritten signature]
4-24-97