

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

**FILED**  
**May 26 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000027734 (9)**

1. Corporation Name  
**USE, INC.**



Principal Place of Business  
**1221 WEST COLONIAL DRIVE SUITE 100 ORLANDO FL 32804**

Mailing Address  
**1221 WEST COLONIAL DRIVE SUITE 100 ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <del>Orlando</del> 1221 W Colonial Dr		26 1221 W Colonial Dr		04/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 100		27 SUITE 100		59-3308646	
City & State		City & State		Applied For	
23 Orlando, FL		28 Orlando, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32804		29 32804		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Orange		30 Orange			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTLER, SAMUEL W 1221 WEST COLONIAL DRIVE SUITE 100 ORLANDO FL 32804				81 Name Samuel W. Butler			
				82 Street Address (P.O. Box Number is Not Acceptable) 1221 W. Colonial Dr			
				83 SUITE 100			
				84 City Orlando			
				FL		85 Zip Code 32804	

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: *Samuel W. Butler* DATE: **MAY 4, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V.P.
NAME	BUTLER, SAMUEL W	1.2 NAME	Denise D. Butler
STREET ADDRESS	0236 AIRPORT BOULEVARD	1.3 STREET ADDRESS	1221 W. Colonial Dr #100
CITY-ST-ZIP	ORLANDO FL 32827	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *[Signature]* DATE: **MAY 15, 1998**

CR2E034 (10/97)