

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038181 (0)

1. Corporation Name

U S PROMOTIONS INC



Principal Place of Business

Mailing Address

22030 BOCA PLACE DR
#617
BOCA RATON FL 33433

22030 BOCA PLACE DR
#617
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6412 N. UNIVERSITY RD

26 SAME

4. FEI Number

65-0582277

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #138

27

City & State

City & State

23 TAMARAC, FLA.

28

Zip

Country

Zip

Country

24 33321

25 BROWARD

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAVER, DONALD
22030 BOCA PLACE DR
#617
BOCA RATON FL 33433

81 Name

WEAVER - DONALD

82 Street Address (P.O. Box Number is Not Acceptable)

6292 LACOSTA DR

83

APT. # H

84

BOCA RATON

FL

85

Zip Code

33343

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 and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WEAVER, DONALD
STREET ADDRESS 22030 BOCA PLACE DR #617
CITY - ST - ZIP BOCA RATON FL 33433

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WEAVER, DONALD
1.2 NAME
1.3 STREET ADDRESS 6292 LACOSTA DR. #H
1.4 CITY - ST - ZIP BOCA RATON, FLA. 33343

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/1/96
954-726-1166

CR2E034 (3/96)