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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040281 (4)

UNITED STATES LIST COMPANY, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



BOCA RATON	FL 33498	BOCA RATON FL 33498	115 100			
				DO NOT WRITE IN THIS:	SPACE	
				3. Date Incorporated or Qualified		
2, Principat Pi	ace of Business	(2a) Mailing Address		05/22/1995 4. FEI Number	- Applied For	
			BROOKE C		Applied For Not Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.	CARCINE C		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	0	City & State	, ,	6. Election Campaign Financing	\$5.00 May Be	
23 150(1	KATON FL	28 BOCA RAT		Trust Fund Contribution	Added to Fees	
72 Ja U	Country	20 27/100	Country	8. This corporation owes or has paid the cur		
24 357	25 USA 9. Name and Address of Current		10 USA	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
RFI	LLIKOFF, CINDY		81 Name	261111000	. /	
	123 STATE ROAD 7, SUITE 106			DELLIKOFF, CIND	<i>y</i>	
BOCA RATON FL 33498			B2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	JUST DAY DROOKE	 	
			84 City		SE Zip Codo	
				OCA RATION FL	85 Zip Code 33490	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named c	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered	
agent. La	m familiar with, any accept the obligat	lions of, Section 607.0505, Flori	ida Statutes.	. ,	1	
SIGNATURE	Signature, typed or proportion of registerest agent	(NOTE i	Registered Agent signature re		27.98	
12.	OFFICERS AND		13:)	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	P	DELETE	THILE	P	Change Addition	
NAME	BELLIKOFF, CINDY		1.2 NAME	BELLIKOFF, CINDY		
STREET ADORESS	20325 VERA CRUZ LANE		1.3 STREET ADDRESS	BELLIKOFF, CINDY 20651 BAY BROOKE CT		
CITY-ST-ZIP	BOCA RATON FL 33498	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIP	BOLA RATION FL 33498		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME	i		2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS	,		
CITY-ST-ZIP		DELETE	2 4 CITY - ST - ZIP		Change Addition	
TITLE		☐ pertir	3.1 TITLE 3.2 NAME		Cliange Cliange	
NAME Street address			33 STREET ADDRESS		1	
· · · · · · · · · · · · · · · · · · ·			1			
CITY-ST-ZIP		DELETE	3.4. C(TY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		<u> </u>	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		j	
STREET ADDRESS			5.3 STREET ADDRESS		ļ	
CITY-\$1-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	61 HILE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREFT ADDRESS		Į.	
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby o indicated	e rury that the information supplied will on t his annual report or supplemental	ir this filing does not qualify for annual report is true and accur	the exemption stated rate and that my sign	l in Section 119.07(3)(i), Florida Statules. I further ce ature shall have the same legal effect as if made un	rtify that the information der oath; that I am an	

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the collocation on 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.

CNATURE:

4-27.98 57al-488-4686