

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 SEP 10 PM 2:26

DOCUMENT # **P95000055195 (8)**

1. Corporation Name

11TH STREET U.S.A. INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

P.O. BOX 14456
 CLEARWATER FL 34629

P.O. BOX 14456
 CLEARWATER FL 34629

3. Date Incorporated or Qualified

3a. Date of Last Report

07/18/1995

2. Principal Place of Business

2a. Mailing Address

21 4828 DARLINGTON

26 P.O. 14456

4. FEI Number

59-3363522

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

23 HOLIDAY FLA

27 CLEARWATER FLA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 34690

25 FLA

29 34629

30 FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAULSBY, DENNIS R
 2463 GULF TO BAY, #146
 CLEARWATER FL 34624

81 Name

DENNIS R. MAULSBY

82 Street Address

4828 DARLINGTON

83

HOLIDAY

84 City

FL

85 Zip Code

34690

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 of principal officer or registered agent and title, if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
 NAME: DENNIS R. MAULSBY
 STREET ADDRESS: 4828 DARLINGTON
 CITY-ST-ZIP: HOLIDAY FLA 34690

1.1 TITLE: NONE
 1.2 NAME: NONE
 1.3 STREET ADDRESS: NONE
 1.4 CITY-ST-ZIP: NONE

TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY-ST-ZIP: [DELETE]

2.1 TITLE: 00000194438U
 2.2 NAME: -09/11/96--D1045--003
 2.3 STREET ADDRESS: ****225.00 ****225.00
 2.4 CITY-ST-ZIP: [DELETE]

TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY-ST-ZIP: [DELETE]

3.1 TITLE: [DELETE]
 3.2 NAME: [DELETE]
 3.3 STREET ADDRESS: [DELETE]
 3.4 CITY-ST-ZIP: [DELETE]

TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY-ST-ZIP: [DELETE]

4.1 TITLE: [DELETE]
 4.2 NAME: [DELETE]
 4.3 STREET ADDRESS: [DELETE]
 4.4 CITY-ST-ZIP: [DELETE]

TITLE: SEC/TREAS
 NAME: DENNIS R. MAULSBY
 STREET ADDRESS: 4828 DARLINGTON
 CITY-ST-ZIP: HOLIDAY FLA 34690

5.1 TITLE: NONE
 5.2 NAME: NONE
 5.3 STREET ADDRESS: NONE
 5.4 CITY-ST-ZIP: NONE

TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY-ST-ZIP: [DELETE]

6.1 TITLE: [DELETE]
 6.2 NAME: [DELETE]
 6.3 STREET ADDRESS: [DELETE]
 6.4 CITY-ST-ZIP: [DELETE]

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis R. Maulsby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

MONTH YEAR

CR2E034 (3/96)