

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000078691 (9)**

1. Corporation Name

**USSA UNITED SERVICES & SPORTS AGENCY, INC.**



Principal Place of Business

**6900 SOUTHPOINT DR. N., STE. 500  
JACKSONVILLE FL 32216**

Mailing Address

**6900 SOUTHPOINT DR. N., STE. 500  
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **c/o A. W. Beale, II**

27 Suite, Apt. #, etc.

**P.O. Box 551069**

28 City & State

**Jacksonville, FL**

29 Zip Country

**32255-1069 Duval**

g. Name and Address of Current Registered Agent

**BEALE, ALMER W II  
6900 SOUTHPOINT DR. N., STE. 500  
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified

**10/09/1995**

3a. Date of Last Report

**n/a**

4. FEI Number

**59-3344694**

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. 193.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 person named above must be typed below the name

DATE Registered Agent must complete this statement

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME **D RUSS, FRANZ**  
STREET ADDRESS **HARTMANNSTRASSE 7, 96050 BAMBERG**  
CITY-STATE-ZIP **GERMANY**

2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition  
NAME **D, P, S, T**  
STREET ADDRESS **RUSS, FRANZ**

2. TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition  
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6. TITLE ☐ Change ☐ Addition  
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7. TITLE ☐ Change ☐ Addition  
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8. TITLE ☐ Change ☐ Addition  
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9. TITLE ☐ Change ☐ Addition  
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10. TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

11. TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 supplementary 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

**Franz Russ**

DATE

Signature of Agent

CR2E034 (12/95)

32696