

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084327 (2)

1. Corporation Name

FIRST USA TRUST, CORPORATION

Principal Place of Business

18090 COLLINS AVE., #104
SUNNY ISLES FL 33160

Mailing Address

18090 COLLINS AVE., #104
SUNNY ISLES FL 33160



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

4. FEI Number

65-0618539

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

9. Name and Address of Current Registered Agent

VEIT, FRANK A
18090 COLLINS AVE., #104
SUNNY ISLES FL 33160

SAME

10. Name and Address of New Registered Agent

81

Name

VEIT, Frank A.

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 Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

VEIT, FRANK A

STREET ADDRESS

18090 COLLINS AVE., #104

CITY-ST-ZIP

SUNNY ISLES FL 33160

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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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. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

2. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

3. TITLE

3. NAME

4. STREET ADDRESS

5. CITY-ST-ZIP

☐ Change

☐ Addition

4. TITLE

4. NAME

5. STREET ADDRESS

6. CITY-ST-ZIP

☐ Change

☐ Addition

5. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-ST-ZIP

☐ Change

☐ Addition

6. TITLE

6. NAME

7. STREET ADDRESS

8. 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 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

4-27-P6

(954)

457-9100

CR2E034 (12/95)