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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000092651 (5)

U.S. TAX CREDITS, INC.

STREET ADDRESS

Principal Place of Business 1812 NW 36 COURT OAKLAND PARK FL 33309			Mailing Address 1812 NW 36 COURT OAKLAND PARK FL 33309-5816									
i							3. Date Incorporated o 12/06/1995	r Qualified	3a. Date of L 08/27/19		oort	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			App	lied For	
21 Culto Ant	# ***	26	0.7. 4.1 11 .4.				65-0623821				Applicable	
Sulte, Apt.	₩, GIC.	27	Suite, Apt. #, etc.				5. Certificate of Status	Desired (. ∤5 Ad ee Req	iditional ulted	
City & State	9		City & State				6. Election Campaign F	inancino		.00 M		
23		28					Trust Fund Contribut			ided to		
Zip	Country		7 φ	C	ountry		8. This corporation has			ders. 1	199.032,	
24	25	29		30			Florida Statutes	XI				
	9. Name and Address of Curre	nt Regis	lered Agent		-	No	10. Name and Address	of New Regis	stered Agent		·····	
	NUCCI, JUDITH C				81	Namo						
	2 NW 36 COURT KLAND PARK FL 33309					Street A	ddress (P.O. Box Number is N	ess (P.O. Box Number is Not Acceptable)				
UAT	NEWIN LYUV LF 32208		•		83	···		· · · · · · · · · · · · · · · · · · ·			····	
7												
					84	City			F1 85	Zip Co	ode	
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS AI	gent and tilk	Tappicable (NO		red Age		equired when reinstating) ADDITIONS/CHANGE	S TO OFFICER	DATE RS AND DIREC	CTORS	IN 12	
TITLE	P		☐ DELE1E	1.1	TITLE				Ch	ange	Addition	
HAME	JANNUCCI, JUDITH C			1.2	NAME							
STREET ADDRESS	1812 N.W. 36TH COURT			1.3	STREET	ADDRESS						
CITY-ST-ZIP	OAKLAND PARK FL 33309		DELETE		CITY-S	1-ZIP	·				A delite	
TITLE	SWEET, MICHAEL A JR.		[] Office	1	TOLE	}			∐ Ch	nge	Addition	
NAME STREET ADDRESS	7548 MCNAB ROAD, SUITE	A-28			NAMÉ CERCET	ADDRESS						
CITY-ST-ZIP	N. LAUDERDALE FL 33068				SINCE CITY-S							
TITLE			☐ DELETE		TITLE	,, 4.11			Ch	ange	Addition	
NAME					NAME]						
STREET ADDRESS				3.3	STREET	ADDRESS						
C(TY-ST-ZIP				3.4	CITY-S	31 - ZIP						
TITLE			☐ DELETE	4.1	TITLE				Ch	ange	Addition	
NAME :					NAME	Ì						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			Donere		CITY-S	1-2IP					T a sente	
TITLE			☐ DELETE		TITLE	1			☐ Ch	auße	Addition	
NAME OTREET ADDRESS					NAME	LODDICAG						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE		CITY-S	1-218	<u></u>		☐ Ch	anne	Addition	
NAME					NAME]				9	ted riodinol	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MIL FIFEL A. Sweeth