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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMINITAR STATE

Sandra B. Mortham &

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600039452

U.S. Experts Corporation

Principal Place of Business 1650 Sand Lake Rd Mailing Address suite # 208 3. Date Incorporated or Qualified 3a. Date of Last Report orlando, FL 32809 2a. Mailing Address Applied For Sand Lake Rd Not Applicable \$8.75 Additional 5. Certificate of Status Desired <del>\_\_</del> 208 27 Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Or landu 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 25 USA Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent A.G.C. Co. 200 South Orange Hience 82 5te 2300 83 orlando. FL 32801-3432 84 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. Lam Jay Jay Jah, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. HILLE DELETE 1.1 TITLE Change elazaz Vassir 1.2 NAME Ste #208 SURFEIT ADDRESS. 1.3 STREET ADDRESS orlando. 1.4 CITY - ST - ZIP DELETE Tiff F 2.1 TITLE Change Addition NAME 22 NAME STREET ADORESS 2 3 STREFT ADDRESS 0011-51-22 2.4 CITY-ST-ZIP DELETE Tritt 3.1 TITLE Addition NAME 3.2 NAME STREET ADDIRESS 3.3 STREET ADDRESS OHY-\$1-20 3.4. CITY-ST-ZIP DELETE THE 4.1 TITLE Change Addition

14. Ide hereby cert'y that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this armual 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 Lam as 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.

4 2 NAME

5 1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 28P

4 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS:

 $f_{i}(T_{i}) \in S^{i} \times Z(P)$ 

STREET ADDRESS.

STREET ADDRESS

TITLE

NAME

6.17.53

11.16

N. 6546

GALLER TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(467) 812-4455

70000218313 -05/19/97--01107--034

\*\*\*165.00

■ Addition

Addition

(96/6)

**FILED** 

May 08 1997 8:00am

Secretary of State