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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000063128 (8)

F. I. USA, INC.

Suite, Apt. #, etc.

City & State

Zip

21

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Principal Place of Business	Mailing Address		
3939 SKYWAY DRIVE NAPLES FL 34112	3939 SKYWAY DRIVE Naples FL 34112		
2. Principal Place of Business	2a. Mailing Address		

26

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Country

9. Name and Address of Current Registered Agent

25

1000 N TAMIAMI TRAIL STE 201

PILON, JAMES A

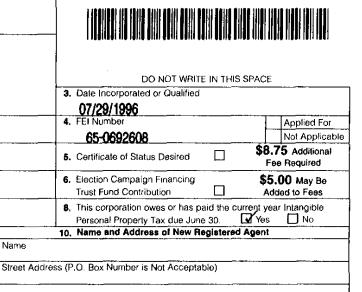
NAPLES FL 34102

Suite, Apl. #, etc.

City & State

 $Z_{\rm ID}$ 

FILED Feb 17 1998 8:00am Secretary of State



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.

Country

81

**B2** 

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City

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Ro	Registered Agent signature required when reinstating)  DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE		DELETE	1,1 1111£		☐ Change	Additio
NAME !	HODL, ROBERT		1.2 NAME			
STREET ADDRESS	3939 SKYWAY DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34112		1.4 CITY-ST-ZIP			
TITLE	□ 0	DELETE	2.1 TITLE		Change	Addition
NAME )			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	□ Di	DELETE	3.1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE	DI	ELETE	4.1 TITLE		Change	Addition
NAME (			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	☐ Di	DELETE	5.1 TITLE		Change	Addition
HAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	Di	ELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
חוד דם עדוי			SACITY OF TIP			

14. I 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 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.

CIGNATURE.

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