

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

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000079925 (9)**  
 1. Corporation Name  
**PIPELINE USA, INC.**



Principal Place of Business <b>1101 PINELLAS BAYWAY #202 TIERRA VERDE FL 33715</b>	Mailing Address <b>1101 PINELLAS BAYWAY #202 TIERRA VERDE FL 33715-2171</b>
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3. Date Incorporated or Qualified <b>09/24/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>5838 MASTERS BLVD.</b>	2a. Mailing Address 26 <b>5838 MASTERS BLVD.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>ORLANDO, FL</b>	28 City & State <b>ORLANDO, FL</b>
24 Zip <b>32819</b>	25 Country
29 Zip <b>32819</b>	30 Country

4. FEI Number <b>59-3409998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name **SALLY A. STEWART**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5838 MASTERS BLVD.**  
 83  
 84 City **ORLANDO** **FL** 85 Zip Code **32819**

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 for 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: *Sally A. Stewart* **SALLY A STEWART** DATE: **02-12-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEWART, SALLY A</b>
STREET ADDRESS	<b>1101 PINELLAS BAYWAY #202</b>
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT, SECRETARY   TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5838 MASTERS BLVD.</b>
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>800002080008</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-02/06/97--01017--023</b>
6.3 STREET ADDRESS	<b>***330.00</b>
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

*Sally A. Stewart* **SALLY A STEWART (REGISTERED)** **02-12-97**

CR2E034 (9/96)