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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007722

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Mailing Address	
2110 DREW STREET CLEARWATER FL 34625	
	Mailing Address 2110 DREW STREET

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90042 005 ***150.00

	US INVESTMENTS II, INC.							
Principal Plac	ce of Business	Mailing Address				FIL BOILF & BILL &	81)) (EBI? (BE?	FO 11915 (10) 1501
2110 DREW S' CLEARWATER		2110 DREW STREET CLEARWATER FL 34625						
CLEANWATER	FC 34025	CLEMNWATER FL 34023			DO NOT WRI	TE IN THIS	SPACE	•
					3. Date incorporated or Qualifed			
					01/27/1997			
_	Place of Business	2a. Mailing Address			4. FEI Number 59-3420681		ļ. 	opplied For
21 Suite, Apt	# etc.	Suite, Apt. #, etc.			39 3420001			lot Applicable Additional
22		27			5. Certifcate of Status Desired	□-		Required
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23	<u> </u>	28			Trust Fund Contribution			I to Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the curr	ent year Inta		_
24	25	29	30		Personal Property Tax.	\	Yes	□No
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New F	kegistered A	Agent	
MAH	(RIS, PETER		Ľ			•		
AU 211	D DREW STREET		. 8	2 Street Addre	ess (P.O. Box Number is Not Accepta	•		
CLE	ARWATER FL 33765		8:	3	The second secon	18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	* ************************************	- 11 3 14 14 16 1
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meson a per a be	The second secon	area contra	. 8	4 City		FL	85 Zip	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the about thorized by rida Statute	ve-named corporations	oration submits this statement for the n's board of directors. I hereby accep	purpose of o	changing its tment as re	s registered egistered
SIGNATURE	Signature, typed or printed game of registered agent			•				
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE		•	when reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature required	when reinstating)	DATE		ORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Ag	ent signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND PD MAKRIS, PETER 2110 DREW STREET	and title if applicable. (NOTE	13. 1.1 TITLE	ent signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
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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 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, with all other like empowered.

SIGNATURE

