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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

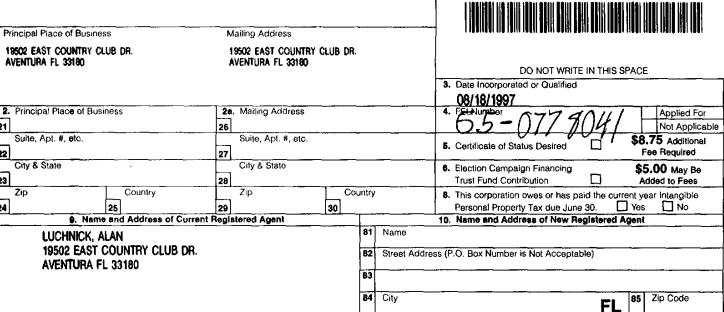
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000071112 (1)

UNITED STATES SECURITY ASSOCIATION CORP.

Principal Place of Business	Mailing Address
19502 EAST COUNTRY CLUB DR. AVENTURA FL 33180	19502 EAST COUNTRY CLUB DR. AVENTURA FL 33180

FILED Mar 20 1998 8:00am Secretary of State



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.

SIGNATURE	Signature, by sid or printed name of requstered agent and title it applicable (NOTE F		
12.	OFFICERS AND DIRECTORS	13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	LUCHNICK, ALAN	1.2 NAME	
STREET ADDRESS	19502 EAST COUNTRY CLUB DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	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	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS	İ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETÉ	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 TREET ADDRESS	
CITY-ST-ZIP		6A CITY-ST-RIP	

I hereby certify that the information supplied with the filling does not qualify for the seemption 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 officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on ap actic kinent with an address. ve the same legal effect as if made under oath; that I am an napter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap-

SIGNATURE: