

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90003 019 ***150.00

DOCUMENT # P97000108302

Corporation Name

USPG, INC.



Principal Place of Business Mailing Address
 17 CANAL SHORES DRIVE 17517 CANAL SHORES DRIVE
 ODESSA FL 33556 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
17 CANAL SHORES DRIVE		17517 CANAL SHORES DRIVE		01/01/1998	
ODESSA FL 33556		ODESSA FL 33556		4. FEI Number	
				593482394	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
				Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		Trust Fund Contribution	
				<input type="checkbox"/>	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLFINGTON, JAY R 17517 CANAL SHORES DRIVE ODESSA FL 33556				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	1.2 NAME	JAY WOLFINGTON
STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	17517 CANAL Shores Drive
STREET ADDRESS	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	ODESSA, FL 33556
STREET ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay Wolfington* JAY WOLFINGTON 9/1/99 (813) 966-3627

CR2E034 (5/99)

USPG, Inc.
17517 Canal Shores Drive
Odessa, Florida 33556
813.966.3627

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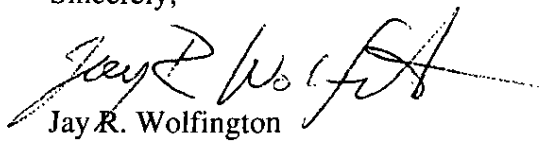
August 25, 1999

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Unfortunately, I did not receive the first notice for my annual report fee. Please find enclosed \$150.00 for my annual report fee.

Please call if you have any questions.

Sincerely,



Jay R. Wolfington
President