

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90217 023 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000014566**

1. Corporation Name  
**U.S. VIATICATED CORP.**

Principal Place of Business <b>4889 LAKE WORTH ROAD                  SUITE 112                  LAKE WORTH FL 33463</b>	Mailing Address <b>4889 LAKE WORTH ROAD                  SUITE 112                  LAKE WORTH FL 33463</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/13/1998**

4. FEI Number  
**65-0951400** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>5700 LAKE WORTH RD STE 309</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>5700 LAKE WORTH RD STE 309</b>
23 City & State <b>LAKE WORTH FL</b>	28 City & State <b>LAKE WORTH FL</b>
24 Zip <b>33463</b>	25 Country <b>PALM BEACH</b>
29 Zip <b>33463</b>	30 Country <b>PALM BEACH</b>

9. Name and Address of Current Registered Agent

**LEVY, RAPHAEL R  
 4889 LAKE WORTH ROAD  
 SUITE 112  
 LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**5700 LAKE WORTH RD STE 309**

83

84 City  
**LAKE WORTH**

85 State  
**FL**

86 Zip Code  
**33463**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D IORIO, SUSAN M</b>	1.2 NAME	
STREET ADDRESS	<b>4889 LAKE WORTH ROAD, SUITE 112</b>	1.3 STREET ADDRESS	<b>5700 LAKE WORTH RD STE 309</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Raphael R. Levy Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)