$05131999\hbox{-} 90022\hbox{-} 010\hbox{-} \$158.75\hbox{-} \$158.75$

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90022 010 ***158.75

1999 **DOCUMENT #**

1. Corporation Name

USAcade

P9800084744V					* 5 7 8 9002 - 21			
Principal Place of Business	Mailing A							
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Margaly, FL 33068				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed				
O					911938			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		plied For		
26 State And Made				65-0879900		of Applicable	-	
Suite, Apt. #, etc. Suite. Apt. #, etc.				5. Certificate of Status Desired D	\$8.75 / Fee Re			
City & State		. State			6. Election Campaign Financing		May Be	1
23	28				Trust Fund Contribution	Added	•	
	Country Zip		Country		8. This corporation owes the current ye	aar Intangible	_	1
24 25	29	30	<u> </u>		Personal Property Tax.	☐ Yes	□No	ļ
9. Name and a	Address of Current Registered A	\gent	001		10. Name and Address of New Regist	ered Agent		-
Chris	5-1: E		81	Name				
EZTAM 2227			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					1
Coral '	Spring.							
アレ	3 \$ 5 5		84	City		FL 85 Zip (Code	
11. Pursuant to the provisions of	of Sections 607.0502 and 607.1508	3, Flerida Statutes,	the above-	-named corp	oration submits this statement for the purpo		registered	1
office or registered agent, o	r both, in the State of Florida. Such	h ghainge was autho n 607.0505. Florida	orized by to a Statutes.	he corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as req	gistered	ĺ
SIGNATURE					£1/9/9	9		İ
Signature, typed or printe	eg farfold folgefres agent angliste il godes	MOTE BY	maternal Assent			<i>-</i>		
				signature require	d when reinstating) DA	7E	DO 101 10	l g
12.	OFFICERS AND DIRECTORS	3	13.	signature require	ADDITIONS/CHANGES TO OFFICER			80/1
TITLE C.SI	OFFICERS AND DIRECTORS		13. 1.1 YITLE	signature require		RS AND DIRECTO	RS IN 12	(41/08)
TITLE C. ST. NAME 6524	OFFICERS AND DIRECTORS ALLAS	S ☐ DELETE	13. 1.1 YITLE 1.2 NAME					034 (41/08)
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14. I hereby certify that the information stundled 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 conforation or the refereer or trustee embowered to skecute 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 argachment with an approximation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR