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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S18260** (7)

1. Corporation Name
USA RISK SERVICES, INC.

Principal Place of Business 2033 WOOD STREET SUITE 200 SARASOTA FL 34237	Mailing Address PO BOX 2139 SARASOTA FL 34230-2139
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3. Date Incorporated or Qualified 12/13/1990	3a. Date of Last Report 09/26/1996
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip
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24. Country	29. Country
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9. Name and Address of Current Registered Agent
**WOLFE, RANDOLPH J
201 NORTH FRANKLIN
SUITE 200
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRIS, G WAYNE	
STREET ADDRESS	1800 SECOND STREET, #909	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	HARKAVAY, JONATHAN	
STREET ADDRESS	8100 HAMILTON SPRING RD	
CITY-ST-ZIP	BETHESDA MD	

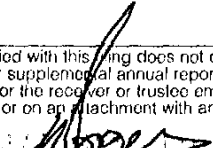
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BYERS, KELLY K	
STREET ADDRESS	1800 SECOND STREET, #909	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, ROSITA	
STREET ADDRESS	2033 WOOD ST STE 200	
CITY-ST-ZIP	SARASOTA FL	

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROGERS, MICHAEL T	
STREET ADDRESS	6 MAIN STREET	
CITY-ST-ZIP	BROOKFIELD VT 05036	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:  **MICHAEL T. ROGERS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		



CR2E034 (9/96)