FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44523 **(6)**

1. Corporation Name
U.S. FINANCIAL NETWORK, INC.

Principal Place of Business	Mailing Address
700 W. HILLSBORO BLVD. BLDG. 4, STE. 101 DEERFIELD BEACH FL 33441 US	700 W. HILLSBORO BLVD. BLDG. 4, STE. 101 DEERFIELD BEACH FL 33441 US

3. Date Incorporated or Qualified: 04/09/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0252913 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 634 N. Federal Hwy.	26 634 N. Federal Hwy.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33304 Country 25 US	Zip 29 33304 Country 30 US

9. **Name and Address of Current Registered Agent**

GILLILAND, DON R.
700 W. HILLSBORO BLVD.
BLDG 4, SUITE 101
DEERFIELD BEACH FL 33441

10. **Name and Address of New Registered Agent**

81 Name: Don R. Gilliland
82 Street Address (P.O. Box Number is Not Acceptable): 634 N. Federal Highway
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33304

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. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DCS	☐ DELETE
NAME	GILLILAND, DON R	
STREET ADDRESS	433 NE 11TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DPT	☐ DELETE
NAME	GILLILAND, SCOTT S	
STREET ADDRESS	700 W. HILLSBORO BLVD. #4-101	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Scott S. Gilliland	
2.3 STREET ADDRESS	634 N. Federal Hwy.	
2.4 CITY-ST-ZIP	~~Ft. Lauderdale, FL 33302~~	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Date: 4/16/96 Daytime Phone: (954) 728-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)