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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$95063

(1)

FILED							
Apr 29 1997	8:00am						
Secretary o	f State						

Principal Prace 6413 CONGRES STE 220 BOCA RATON US	ASSOCIATES, INC. e of Business ss ave	Mailing Address 6413 CONGRESS AVE STE 220 BOCA RATON FL 33487-1	2862	3. Date Incorporated or Qualified	Sa. Date of Last Re	
				11/18/1991	04/04/1996	,port
	BWILES ROAD	2a. Mailing Address 78 W	LES ROAD	4. FEI Number 65-0300532		plied For Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 Sity & State		27 Sity & State		6. Election Campaign Financing	\$5.00	·
23 LORAL	SPRINGS, FLA.	28 CORAL SPR	NGS, FLA.	Trust Fund Contribution	Added to	o Fees
24 3307		29 3 3076	30 RROWARD		Yes No	199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	', Paul M : Financial Plaza			ress (P.O. Box Number is Not Acceptal	hla)	
SUN	TE 2602			ess (F.O. Box Number is Not Acceptat	Jie)	
FTL	AUDERDALE FL 33394-1697		63			
			84 City		FL 85 Zip C	ode
11. Pursuant i office or r agent I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	and 607.1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, F	ites, the above-named corp authorized by the corporat lorida Statutes.	poration submits this statement for the patients board of directors. I hereby acce	ourpose of changing its pt the appointment as r	registered registered
SIGNATURE	Signature: typicd ox printed name of registered agen	and title if applicable (NC	TE: Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
THLE NAME	d Stevens, Eugene L Jr	☐ DELETE	1 1 TITLE 1.2 NAME		L Change	Addition
STREET ADDRESS	33 CEDAR CIRCLE		1.3 STREET ADDRESS			
CITY: ST-7IP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP			
THUF		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CHY-S1-ZIP TOLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		C peccie	3.1 TITLE 3.2 NAME		James Onlinge	- Nounted
STREET ADDRESS			3.3 STREET ADDRESS	a		1
CHY-ST-ZIP			3.4. CITY-ST-ZIP			
TOLE	440 3440 440	DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY+ST-7IP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME.			5.2 NAME			-
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-S1-ZIP		DELETE	5.4 CITY-ST-ZIP		Change	Addition
TITLE NAME			61 TITLE 62 NAME		□ thange	PT VARIDUI
STREET ADDRESS						
			6.3 STREET ADORESS			
CITY-ST-7iP	by certify that the information supplied	with this filing does not gue	6.4 CITY-ST-ZIP	t in Section 119 07/3)(i) Florida Stehuts	e I further certify that t	the .

14. I do 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.

SIGNATURE:

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (954) 340-1999