

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # V06984

(1)

1. Corporation Name
U.S. NORTH, INC.



Principal Place of Business

C/O HAROLD B. SCHNEIDER
487 MEADOW LARK DR.
SARASOTA FL 34236

Mailing Address

C/O HAROLD B. SCHNEIDER
487 MEADOW LARK DR.
SARASOTA FL 34236-1801

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0305894

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEIDER, HAROLD B.
487 MEADOW LARK DRIVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE

NAME SCHNEIDER, HAROLD B.
STREET ADDRESS 487 MEADOW LARK DR.
CITY-ST-ZIP SARASOTA FL

TITLE DV ☐ DELETE

NAME SCHNEIDER, ESTHER S.
STREET ADDRESS 487 MEADOW LARK DR.
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME SCHNEIDER, JAN
STREET ADDRESS 1301 20TH ST.NW, #1011
CITY-ST-ZIP WASHINGTON DC

TITLE D ☐ DELETE

NAME KALISH, JOSEPH F.
STREET ADDRESS 3808 COUNTRY PLACE LANE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME SCHNEIDER, SETH
STREET ADDRESS C/O CROSBY & BAKER 999 MAIN RD
CITY-ST-ZIP WESTPORT MA

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

Harold B. Schneider

HAROLD B. SCHNEIDER

487 MEADOW LARK DRIVE (941) 955-1685

CR2E034 (9/96)