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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1, Corporatio	MENT # V37252 COUNTRY, U.S.A., INC.	,	,		02-09-1999 90034 004 ****1	.50.00	
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•	ce of Business	Mailing A					
706 OCEAN IN 203	LET DR	706 OCEA	n inlet dr		`		
BOYNTON BEA	ICH FL 33435	BOYNTON	FL 33435		DO NOT WRITE IN THIS	SPACE	
US	•	US			3. Date Incorporated or Qualifed		}
		<i>-</i> 2'			05/19/1992		
	Place of Business	2a. Mailin	g Address		4. FEI Number		lied For Applicable
Suite, Apt.	# etc.	26 Suite.	Apt. #, etc.		65-0334251	\$8.75 Ad	
22		27			5. Certificate of Status Desired	Fee Req	
City & Stat	te		State		6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	_	Country	8. This corporation owes the current year Int		+i
24	25	29	31		Personal Property Tax.		ŪNo
	9. Name and Address of Current	Registered A	Agent	81 Name	10. Name and Address of New Registered	Agent	
WEI	SS, STEPHEN B.						
706 OCEAN INLET DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)				
BOY	TON BEACH FL 33435			83			
				84 City		数 (6)	
				84 City	FL	85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508	B, Florida Statutes	, the above-named com	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing its regi	egistered
SOY/agents (a	registered agent, or both, in the State of am familiar, with, and accept the obligation	n Fiorida, Suci	n change was auu	nonzeu by the corporati	ion's board of directors, i necept accept the appoin	nunciu as icy	
	ani iamiliai, with, and accept the obligati	ions of, Sectio	n 607.0505, Florid	ta Statutes.		•	
SIGNATURE	· ·		n 607.0505, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicab	n 607.0505, Florid le. (NOTE: Ri	la Statutes. legistered Agent signature require	ed when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicab	n 607.0505, Florid le. (NOTE: Ri S	da Statutes. egistered Agent signature require			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicab	n 607.0505, Florid le. (NOTE: Ri	la Statutes. legistered Agent signature require	ed when reinstating) DATE	ND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D WEISS, STEPHEN	and title if applicab	n 607.0505, Florid le. (NOTE: Ri S	ta Statutes. tegistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	ND DIRECTOR	RS IN 12
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 09, 1999 8:00am

Secretary of State