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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V54577 (4)

1. Corporation Name
USA UNITED SERVICE AGENCY, INC.



Principal Place of Business
**1822 DREW ST.
SUITE 5
CLEARWATER FL 34625**

Mailing Address
**1822 DREW ST.
SUITE 5
CLEARWATER FL 34625-2912**

3. Date Incorporated or Qualified 08/03/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3132706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**METZ, ROBERT J.
1822 DREW ST.
SUITE 5
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	METZ, ROBERT J.
STREET ADDRESS	1822 DREW ST., STE. 5
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SEIBERTH, SHARRON L.
STREET ADDRESS	1822 DREW STREET, SUITE 5
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SCHRIVER, PAMELA D.
STREET ADDRESS	1822 DREW STREET, SUITE 5
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARRON L. SEIBERTH
1.3 STREET ADDRESS	1822 DREW ST. #5
1.4 CITY-ST-ZIP	CLEARWATER, FL 34625
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	METZ, ROBERT J.
2.3 STREET ADDRESS	1822 DREW ST. #5
2.4 CITY-ST-ZIP	CLEARWATER, FL 34625
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	METZ, ROBERT
3.3 STREET ADDRESS	1822 DREW ST. #5
3.4 CITY-ST-ZIP	CLEARWATER, FL 34625
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	<input 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	

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: *Sharron L. Seibeth* SHARRON L. SEIBERTH (Pres.) 4/28/97 (813) 446-0167

CP2E034 (9/96)