

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P28856 (3)

1. Corporation Name
USI PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
**%CENTER TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801**

3. Date Incorporated or Qualified **04/05/1990** 3a. Date of Last Report **02/22/1995**
4. FEI Number **58-1872821** 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 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date, if applicable) (Typed, Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREEN, TOM L	
STREET ADDRESS	945 E. PACES FERRY RD.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLUNDON, JILL M	
STREET ADDRESS	7430 KILMER DRIVE	
CITY - ST - ZIP	MURRYSVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STAMARIS, KIM	
STREET ADDRESS	945 E PACES FERRY ROAD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HARLAND, JEFFREY	
STREET ADDRESS	945 E. PACES FERRY RD.	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMPSTEAD, GEORGE H III	
STREET ADDRESS	99 WOOD AVE S	
CITY - ST - ZIP	ISELIN NJ	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BUCCARELLI, RICHARD	
STREET ADDRESS	99 WOOD AVENUE SOUTH	
CITY - ST - ZIP	ISELIN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP & T
23 STREET ADDRESS	Robert M. Brier
24 CITY - ST - ZIP	101 Wood Avenue South
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	George H. MacLean
54 CITY - ST - ZIP	101 Wood Avenue South
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	Buccarelli, Richard
64 CITY - ST - ZIP	101 Wood Avenue South
	Iselin, New Jersey 08830

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John B. Edwards* 6/25/96 (908) 767-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)