

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 SEP 10 PM 2:26

DOCUMENT # P95000055195 (8)

1. Corporation Name
 11TH STREET U.S.A. INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 P.O. BOX 14456 CLEARWATER FL 34629 P.O. BOX 14456 CLEARWATER FL 34629

3. Date Incorporated or Qualified 07/18/1995
 3a. Date of Last Report
 4. FEI Number 59-3363522
 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 4828 DARLINGTON 26 P.O. 14456
 Suite, Apt. #, etc Suite, Apt. #, etc
 22
 23 HOLIDAY FLA 28 CLEARWATER FLA
 City & State City & State
 24 34690 25 Pasco 29 34629 30 Pinellas
 Zip Country Zip Country

9. Name and Address of Current Registered Agent
 MAULSBY, DENNIS R
 2463 GULF TO BAY, #146
 CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 81 Name DENNIS R. MAULSBY
 82 Street Address 4828 DARLINGTON
 (P.O. Box Number is Not Acceptable)
 83 HOLIDAY
 84 City HOLIDAY FL 85 Zip Code 34690

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 of principal officer or registered agent and the Corporation (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME DENNIS R. MAULSBY
 STREET ADDRESS 4828 DARLINGTON
 CITY-ST-ZIP HOLIDAY FLA 34690
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME DENNIS R. MAULSBY
 STREET ADDRESS 4828 DARLINGTON
 CITY-ST-ZIP HOLIDAY FLA 34690
 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 NONE
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 00000194438U
 -09/11/96--D1045--003
 ****225.00 ****225.00
 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 NONE
 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 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: Dennis R. Maulsby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)