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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000072178 (4)

UNITED STATES REAL ESTATE CORPORATION

Principal Place 308 MAIN STRE SAFETY HARBO	EET	Mailing Address 308 MAIN STREET SAFETY HARBOR FL 34695-3645			
				3. Date Incorporated or Qualified 09/27/1994	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0529455	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z <sub>I</sub> p	Country	8. This corporation has fiability for in	
24	25 Name and Address of Curre		30	Florida Statutes  10. Name and Address of New Reg	Yes No
9. Name and Address of Current Registered Agent GILLINGS, PETER R  81 Name				<b>5</b>	
332B TUCKER ST				OLLINGS, PETE	R. R.
SAFETY HARBOR FL 34695			82 Street Addr	ess (P.O. Box Number is Not Acceptabl ろのら MAIO 会・	e)
			83		
					To-1 7- 0- 1-
84 City SA				FETY HARBOR	FL 85 Zip Code 34695
agent La SIGNATURE	ım ta <u>m</u> ıllar with, and accept the obliç	ALLINGS	the above-hamed corpulation of the corporate description of the corporate	poration submits this statement for the prices poard of directors. I hereby acception to the prices of the prices	the appointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILLINGS, PETER R		1.2 NAME		
STREET ADDRESS	308 MAIN ST.		1.3 STREET ADDRESS		
CHY-ST-ZIP	SAFETY HARBOR FL 34695	T ps. sze	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	.,	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		\
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		VI 1 March 2011	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition

on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report or supplies ential angual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that wordly no or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information indicated on this annual appears in Block 12 or Block

6 3 STREET ADDRESS 6.4 CHTY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22 1997 8:00am

Secretary of State