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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072178 (4)

UNITED STATES REAL ESTATE CORPORATION

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		e andicant sin their billit antit antit antit antit idand tidet fibre fibre (1881 1891 1883)
308 MAIN STREET	308 MAIN STREET		
SAFETY HARBOR FL 34695	SAFETY HARBOR FL 346	95	DO NOT WRITE IN THIS SPACE
			1
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc	Suite, Apt. #, etc.		- \$9.75 Addisonal
22	27		Fee Required
City & State	h1		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
h— — — — ·		····	8. This corporation owes or has paid the current year Intangible
		30[
	Applied For O9/27/1994 Number Street Stre		
GILLINGS, PETER R			
308 MAIN STREET	•	82 Street	t Address (P.O. Box Number is Not Acceptable)
SAFEIT HANDUR PL 34085	3	63	
		B4 City	85 Zip Code
11. Pursuant to the provisions of Sections	s 607.0502 and 607.1508. Florida Statute	es the above-named	
office or registered agent, or both, in	the State of Florida, Such change was a	authorized by the cor	rporation's board of directors. I hereby accept the appointment as registered
	or , coco, too ronded, to chomp the congress on a	mua Statules.	
SIGNATURE Signature, typed or preded name of te	egistered agent and title if applicable (NOTE	Registered Agent signatur	re required when reinstating) DATE
12. OF FR	CERS AND DIRECTORS		
TITLE DP	OLLETE .	1.1 TITLE	
NAME GILLINGS, PETER R		1.2 NAME	GILLINGS, ROBERT
STREET ADDRESS 308 MAIN ST.		1.3 STREET ADDRESS	1001 BAYSHORE BLUD, APT 105
TITLE	L_J DELETE	21 TITLE	
NAME		2.2 NAME	
STREET ADDRESS			
CITY-ST-2IP	DELETE		
TITLE	☐ ntres		LJ Change L Addition
NAME CONSTANDANCE			
STREET ADDRESS			
City-St-ZiP	T DELETE		Change L Addition
NAME	been		Li change Li Addition
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP		= 9.5.5 (BELL BURNESS)	
TITLE			
	DELETE	4.4 CITY - ST - ZIP	T Channe T Addition
	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	Change Addition
NAME STREET ADDRESS	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Change Addition
NAME	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	
NAME Street address City-St-Zip		4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	

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 accorde 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.

813-725-0596