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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072178

1. Corporation Name

UNITED STATES REAL ESTATE CORPORATION

rincipal Place of Business	Mailing Address
308 MAIN STREET	308 MAIN STREET
SAFETY HARBOR FL 34695	SAFETY HARBOR FL 34695

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90250 018 ***150.00



Principal Place	e of Business	Ma	ailing Address				T TENTHERE HIN THIS OF HER WENTER HONEL II	inch mater führe	I (I nd e III) is i	400) IBN IBN
308 MAIN STRE	,	306	MAIN STREET							
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695							DO NOT WRITE IN THIS SPACE			
								IN THIS SP	ACE	
,							3. Date Incorporated or Qualifed			
							09/27/1994		-	
⊢ ¬`	lace of Business	<u> </u>	Mailing Address				4. FEI Number		\rightarrow	plied For
21		26					65-0529455			Applicable
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certifcate of Status Desired [,	8.75 A Fee Re	
City & State	9.	27	City & State			· · ·	6. Election Campaign Financing		\$5.00	
23	.	28	ony a cion				Trust Fund Contribution	3	Added to	
Zip	Country	- 20	Zip	Cour	ntry		8. This corporation owes the current	vear Intang		
24	25	29	· -	30			Personal Property Tax.	-		□No
	9. Name and Address of Curren						10. Name and Address of New Reg	istered Age	∍nt	
				-	81	Name				
GILU	ings, peter r				82	Cton at Addres	ss (P.O. Box Number is Not Acceptable	<u>,, </u>		
308	MAIN STREET			- 1	82	Street Addres	ss (P.O. Box Number is Not Acceptable	;)		}
SAFE	ETY HARBOR FL 34695			- 1	83					
				ļ	_					
					84	City		FL ^{l'}	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	12 and 6	07.1508. Florida Statute:	s, the ab	ove	-named corpo	ation submits this statement for the pu	rpose of cha	inging its	registered
office or re	egistered agent, or both, in the State	of Florid	da. Such change was au	thorized	by t	the corporation	's board of directors. I hereby accept the	ne appointm	ent as reg	jistered
_	m familiar with, and accept the obliga	ilions oi,	, Section 607.0305, Fion	ua Statt	nes.		-]
SIGNATURE	Signature, typed or printed name of registered age	nt and title i	if apolicable. (NOTE: I	Registered	Agent	signature required to	when reinstating)	DATE		}
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTO	RS IN 12
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CITY-ST-ZIP	SAFETY HARBOR FL 34695					-ZIP				Ì
TITLE				1.4 CD	Y-51					
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NAME)	•		☐ DELETE		Œ] Change	Addition
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STREET ADDRESS	GILLINGS, ROBERT 1001 BAYSHORE BLVD #105		☐ DELETE	2.1 TIT 2.2 NA 2.3 STI	LE ME REET.	ADDRESS] Change	Addition
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14. I heraby 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 arrival 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and that my name appears in all other like empowered.

SIGNATURE: