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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 630913

(2)

U. S. A. REALTY, INC. OF PORT ST. LUCIE

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



1401 S.E. GLENCOE CT 1401 S.E. GLENCOE CT. PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualified 07/26/1979 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1924590 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEVENS, BETTY J. 1401 S.E. GLENCOE CT. 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 84 City Zip Code 85 FL

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition ÎIII F 7.1 TITLE STEVENS, MARK E. 1.2 NAME NAME 1401 S.E. GLENCOE CT. STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP vsn DELETE Change Addition TITLE 21 TITLE STEVENS, BETTY J. NAME 2.2 NAME 1401 S.E. GLENCOE CT. STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 31 TITLE Change ___ Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change ___ Addition 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034