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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768822** **(9)**

1. Corporation Name

SYSTEM COUNCIL U-4, BUILDING CORPORATION

Principal Place of Business	Mailing Address
432 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435-4027	432 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435-4027

3. Date Incorporated or Qualified: 06/09/1983
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business
21 3944 Florida Blvd
Suite, Apt. #, etc.
22 Suite 202
City & State
23 Palm Beach Gardens, FL
Zip 24 33410 Country 25 Palm Beach

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2302768 ☐ 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

9. Name and Address of Current Registered Agent

SCHANTZEN, JOHN F
7105 BRIAR OAK DRIVE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BATTLE, STEVE		1.2 NAME	R. E. Webber	
STREET ADDRESS	10917 OLD TAMPA ROAD		1.3 STREET ADDRESS	1148 Parkway Dr.	
CITY-ST-ZIP	PARRISHDERDALE FL 34219		1.4 CITY-ST-ZIP	Naples, Florida 33942	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SIMS, KENNY		2.2 NAME	G. A. Skillas	
STREET ADDRESS	28221 SW 162 AVENUE		2.3 STREET ADDRESS	8902 S.W. 57th Street	
CITY-ST-ZIP	HOMESTEAD FL 33033		2.4 CITY-ST-ZIP	Cooper City,Florida 33328	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BLACK, CARL		3.2 NAME	J. J. Cosimini	
STREET ADDRESS	1314 16 ST., W		3.3 STREET ADDRESS	P.O. Box 354	
CITY-ST-ZIP	BRADENTON FL 34205		3.4 CITY-ST-ZIP	Cassadega, FL 32706	
TITLE	S	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CROSSON, WALT		4.2 NAME	D. M. Lowe	
STREET ADDRESS	1845 N.E. 214 TERR		4.3 STREET ADDRESS	842 Pine Shores Circle	
CITY-ST-ZIP	MIAMI FL 33179		4.4 CITY-ST-ZIP	New Smyrna BeACh, FL 32168	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DICKINSON, JAY		5.2 NAME	J. M. Baskin	
STREET ADDRESS	RT. 1, BOX 780		5.3 STREET ADDRESS	5361 Palm Way	
CITY-ST-ZIP	ST. GEORGE GA 31646		5.4 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CURTIS, RICK		6.2 NAME	J. E. Kilpatrick	
STREET ADDRESS	1123 S.E. LAIKA LANE		6.3 STREET ADDRESS	Rt 1, Box 86-K	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		6.4 CITY-ST-ZIP	Satsuma, FL 32189	

SEE ATTACHED LIST

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenny Sims KENNY SIMS JAN 21 1997 3053425801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0042332

ADDITIONAL LIST

D
M. G. Brooks
1697 N. Csrpenter Road
Titusville, FL 32796