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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768822					
1. Corporation Name SYSTEM COUNCIL U-4, BUILDING CORPORATION					
Principal Place of Business 3944 FLORIDA BLVD STE 202 PALM BCH GARDENS FL 33410 US			Mailing Address 3944 FLORIDA BLVD. PALM BEACH GARDENS FL 33410		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/09/1983 4. FEI Number 59-2302768 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME BATTLE, STEVE STREET ADDRESS 10917 OLD TAMPA ROAD CITY-ST-ZIP PARRISHDERDALE FL 34219			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME R. D. Curtis 1.3 STREET ADDRESS 1123 S.E. Laika Lane 1.4 CITY-ST-ZIP Port St. Lucie, Florida 34983		
TITLE VD <input type="checkbox"/> DELETE NAME SIMS, KENNY STREET ADDRESS 28221 SW 162 AVENUE CITY-ST-ZIP HOMESTEAD FL 33033			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME J. R. Dickinson 2.3 STREET ADDRESS Rt. 1, Box 780 2.4 CITY-ST-ZIP St. George, Georgia 31646		
TITLE T <input type="checkbox"/> DELETE NAME BLACK, CARL STREET ADDRESS 1314 16 ST., W CITY-ST-ZIP BRADENTON FL 34205			3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME R. E. Webber 3.3 STREET ADDRESS 4626 32 Ave, S.W. 3.4 CITY-ST-ZIP Naples, Florida 34116		
TITLE S <input type="checkbox"/> DELETE NAME CROSSON, WALT STREET ADDRESS 1845 N.E. 214 TERR CITY-ST-ZIP MIAMI FL 33179			4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME G. A. Skillas 4.3 STREET ADDRESS 8902 S. W. 57th St 4.4 CITY-ST-ZIP Cooper City, Florida 33328		
TITLE D <input type="checkbox"/> DELETE NAME DICKINSON, JAY STREET ADDRESS RT. 1, BOX 780 CITY-ST-ZIP ST. GEORGE GA 31646			5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME J. J. Cosimini 5.3 STREET ADDRESS P. O. Box 354 5.4 CITY-ST-ZIP Cassadega, Florida 32706		
TITLE D <input type="checkbox"/> DELETE NAME CURTIS, RICK STREET ADDRESS 1123 S.E. LAIKA LANE CITY-ST-ZIP PORT ST. LUCIE FL 34983			6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME J. F. Bubba 6.3 STREET ADDRESS 3967 Ceestrige Dr 6.4 CITY-ST-ZIP New Smyrna Beach, Florida 32168		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carl Battle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99 941-746-8190
Date Daytime Phone #

CR2E037 (11/98)

150063-90169-50
768822

ADDITIONAL LIST

D
J. M. Baskin
5361 Palm Way
Lake Worth, Florida 33463

D
J. E. Kilpatrick
RR 1, Box 226 A
Damascus, Georgia 31741

D
M. G. Brooks
1697 N. Carpenter Road
Titusville, Florida 32796