SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

(0)

FILED Jul 29 1998 8:00am Secretary of State

united street realty, inc.								
Principal Piac	e of Bus iness	Mailing Address					ini mimit mimit mimit memit imat	
529 UNITED STREET		529 UNITED STREET						
KEY WEST FL 33040 KE		KEY WEST FL 33040	KEY WEST FL 33040			DO NOT WRITE IN THIS	C DACE	
						3. Date Incorporated or Qualified	OFACE }	
						04/10/1984		
2. Principal Place of Business		2a. Malling Address				4. FEI Number	Applied For	
21		26				59-2403786	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip Country		Zip Country			Trust Fund Contribution	Added to Fees		
24	25	29	30	¬ '		8. This corporation owes or has paid the curn Personal Property Tax due June 30.	Yes No	
		and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
LEE,	CHARLES E.		1	1 Na	me			
529 UNITED ST.			-	32 Str	eet Addres	dress (P.O. Box Number is Not Acceptable)		
KEY	WEST FL 33040		<u> </u>					
			1	33				
			h	34 City	 /		85 Zip Code	
						<u>FL</u>		
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.								
agent. I a	am familiar with, and accept the obligi	ations of, section 607,0505, Fl	orida Statu	les.				
SIGNATURE	Signalure, typed or printed name of registered ager	of and little if applicable (NI	OTE: Registere	d Agent sig	nature require	ed when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PSV DELETE		1.1 TITU	1.1 TITLE			Change Addition	
NAME	LEE, CHARLES E.		1.2 NAME					
STREET ADDRESS 529 UNITED STREET (REAR)			1.3 STREET ADORESS		SS			
CITY-ST-ZIP	KEY WEST FL	····	1.4 CITY					
TITLE NAME	C3 vector		2.1 TITL		Change Addition			
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		ee			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		.00			
TITLE		DELETE	3.1 TITLE				Change Addition	
NAME			3.2 NAME			L	- Tradition	
STREET ADDRESS	DORESS		3.3 STRE	3.3 STREET ADDRESS				
CITY-ST-ZIP	and the second s	· · · · · · · · · · · · · · · · · · ·	3.4 CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITL	Ē			Change Addition	
NAME			4.2 NAM	E	İ			
STREET ADDRESS			4.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			- -	
TITLE	DELETE			5.1 TITLE		L	Change	
NAME CIDECT ADDRESS			5.2 NAM					
STREET ADDRESS			5.3 STRE 5.4 City	ET ADDRE	90			
CITY-ST-ZIP TITLE		DELETE	6.1 TITU			·····	Change Addition	
NAME		□ DECE IE	6.2 NAM			L	T Alianão (TT Vocino))	
STREET ADDRESS			1	- Et addre	ss			
CITY-ST-ZIP			6.4 CITY				ļ	
44 (1)	12 15 1 21 2 22 22 22 22					440 00(0) 00 00 00 00 00 00 00 00 00		

Thereby 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 certify that I am an officer or director of the cornoration or the receiver or trustee empowered to execute this report as required by Chapter 303. Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged of on an attachment with praddress.