

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90085 014 \*\*\*150.00

DOCUMENT # H47932

1. Corporation Name

U. S. HOME REALTY CORPORATION

Principal Place of Business

311 PARK PL. BLVD. S-600  
CLEARWATER FL 34619

Mailing Address

311 PARK PL. BLVD. S-600  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1985

4. FEI Number

76-0327612

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 10707 Clay Road

Suite, Apt. #, etc.

22

City & State

23 Houston, Texas

Zip

24 77041

Country

25 USA

2a. Mailing Address

26 P.O. Box 2863

Suite, Apt. #, etc.

27

City & State

28 Houston, Texas

Zip

29 77252

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
SLAUGHTER, RICHARD G.  
STREET ADDRESS  
1800 W. LOOP SOUTH  
CITY-ST-ZIP  
HOUSTON TX

TITLE ☐ DELETE

NAME  
VAS  
LANE, STEVEN E.  
STREET ADDRESS  
1800 W. LOOP SOUTH  
CITY-ST-ZIP  
HOUSTON TX

TITLE ☐ DELETE

NAME  
VAS  
FRUEH, GARY L.  
STREET ADDRESS  
1800 W. LOOP SOUTH  
CITY-ST-ZIP  
HOUSTON TX

TITLE ☐ DELETE

NAME  
VAS  
SADOWSKI, CHESTER P.  
STREET ADDRESS  
1800 W. LOOP SOUTH  
CITY-ST-ZIP  
HOUSTON TX

TITLE ☐ DELETE

NAME  
DVA  
NAPOLI, THOMAS A  
STREET ADDRESS  
1800 W. LOOP SOUTH  
CITY-ST-ZIP  
HOUSTON TX

TITLE ☐ DELETE

NAME  
DP  
LANTON, GENE E.  
STREET ADDRESS  
311 PARK PLACE BLVD.  
CITY-ST-ZIP  
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
10707 Clay Road  
Houston, Texas 77041

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
10707 Clay Road  
Houston, Texas 77041

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
10707 Clay Road  
Houston, Texas 77041

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
10707 Clay Road  
Houston, Texas 77041

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
10707 Clay Road  
Houston, Texas 77041

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

*Steven E. Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Lane

4/9/99

713/877-2425

Date

Daytime Phone #

CR2E034 (1/1/98)