

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 006 ***300.00

0546308

DOCUMENT # J52180

1. Corporation Name
U.S. BLOCK CORP.

Principal Place of Business
6811 BELVEDERE RD
W PALM BEACH FL 33413

Mailing Address
C/O WHIBCO, INC
87 EAST COMMERCE ST
BRIDGETON NJ 08302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1987

4. FEI Number

22-2783039

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

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SJOGREN, WALTER R
191 SHELTER LANE
JUPITER INLET COLONY FL 33469

81 Name Michael D. Brown, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
Brown & Associates, P.A.

83 2655 N. Ocean Drive, Suite 200

84 City Riviera Beach

FL

85 Zip Code
33404

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]

Michael D. Brown

3/4/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	SJOGREN, WALTER R., SR.	
STREET ADDRESS	191 SHELTER LANE	
CITY-ST-ZIP	JUPITER INLET COLONY FL 33469	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SJOGREN, JANE BEVERLY	
STREET ADDRESS	191 SHELTER LANE	
CITY-ST-ZIP	JUPITER INLET COLONY FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SJOGREN, WADE R.	
1.3 STREET ADDRESS	87 EAST COMMERCE STREET	
1.4 CITY-ST-ZIP	BRIDGETON, NJ 08302	
2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SJOGREN, WALTER R.	
2.3 STREET ADDRESS	87 EAST COMMERCE STREET	
2.4 CITY-ST-ZIP	BRIDGETON, NJ 08302	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wade R. Sjogren

1/8/99

Date

(609) 455-9200

Daytime Phone #

CR2E034 (11/98)