

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

DOCUMENT # **L76654**

1. Corporation Name  
**U S A REALTY SERVICES INC.**

Principal Place of Business

~~5368 W VILLAGE DR.~~  
~~TAMPA FL 33624~~  
~~JS~~

Mailing Address

~~5368 W VILLAGE DR.~~  
~~TAMPA FL 33624~~  
~~JS~~

2. Principal Place of Business

21 **12076 ANDERSON Rd**

Suite, Apt. #, etc.

22 City & State  
**TAMPA, FL**

24 Zip **33625** 25 Country **USA**

2a. Mailing Address

26 **12076 ANDERSON Rd**

Suite, Apt. #, etc.

27 City & State  
**TAMPA FL**

29 Zip **33625** 30 Country **USA**

9. Name and Address of Current Registered Agent

**DEMARCO, JEANETTE**  
**14015 ELLESMERE DRIVE**  
**TAMPA FL 33624**

3. Date Incorporated or Qualified

**05/25/1990**

4. FEI Number

**59-3008577**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMARCO, JEANETTE</b>	1.2 NAME	
STREET ADDRESS	<b>14015 ELLESMERE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMARCO, JEANETTE</b>	2.2 NAME	
STREET ADDRESS	<b>14015 ELLESMERE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**JEANETTE DEMARCO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99**  
Date

**813 264-4406**  
Daytime Phone #

CR2E034 (11/98)

UNFILED

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90041 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE