

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10436** (4)

1. Corporation Name
U.S. REALTY I CORPORATION

Principal Place of Business ONE INSIGNIA FINANCIAL PLAZA CORPORATE ACCOUNTING GREENVILLE SC 29601 US	Mailing Address P O BOX 1089 CORPORATE ACCOUNTING GREENVILLE SC 29602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/13/1986 4. FEI Number 57-0814435 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRARD, WILLIAM H JR.	1.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINES, JOHN K	2.2 NAME	DANIEL LEBEY
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URETTA, RON	3.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, MARTHA	4.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUECHLER, KELLY M	5.2 NAME	
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

KELLY M BUECHLER

(864) 233-1648

CR2E034 (10/97)