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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

US REALTY GROUP INC.

DOCUMENT # P97000029526

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90092 002 ***150.00

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						II.
Principal Place	e of Business	Mailing Address				-
P.O. BOX 15515 WEST PALM BEACH FL 33416 US P.O. BOX 15515 WEST PALM BEACH FL 33416 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					04/01/1997	
Principal Place of Business 2a. Mailing Addre					4. FEI Number Applied For	
21		26			65-0739426 Not Applicab	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<i>.</i> .		5. Certificate of Status Desired	-
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Coun		8. This corporation owes the current year Intangible	ļ
24	25	29	30		Personal Property Tax.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
CRAFT, THOMAS J JR. 11000 PROSPERITY FARMS ROAD, STE. 301				81 Name Oug MEYELS 82 Street Address (P.O. Box Number is Not Acceptable) 10 Laveryay		
PALM BEACH GARDENS FL 33410				83	Svite 2T	_
				84 City	LAUDERHII FL 85 Zip Code 337/19	
office or n	to the provisions of Sections 607.0 egistered apent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change v	was authorize	a by the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	t
SIGNATURE	Y	Myn			1/14/99	
SIGNATORE		J	<u> </u>	d Agent signature re	required when reinstating) PATE	\dashv
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	∑ DETE.	TE 1.1 Τ	TLE	Director Change Addi	uon
NAME	MULLER, ED			AME	ED MOTER	1
STREET ADDRESS 13534 BRIGHTSTONE STREET			1.3 S	TREET ADDRESS	P.O. BOX NOW BLACK PI. 33416	- 1
CITY-ST-ZIP	WELLINGTON FL 33414			ITY-ST-ZIP		
TITLE		☐ DELE	TE 2.1 T	MLE	☐ Change ☐ Addi	tion
NAME			2.2 N	AME		

2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

561-686-0083