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FILED
Apr 27 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 # P97000078863 (2)

1. Corporation Name
U.S. 1 BUSINESS PARK, INC.

Principal Place of Business 1316 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 1042 N US HWY 1 ORMOND BCH, FL 32174	Mailing Address 1042 N US HWY 1 ORMOND BCH, FL 32174
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2. Principal Place of Business 21 1042 N US HWY 1 Suite, Apt. #, etc. 22 City & State 23 ORMOND BEACH, FL Zip 24 32174 Country 25 Volusia	2a. Mailing Address 26 1042 N US HWY 1 Suite, Apt. #, etc. 27 City & State 28 ORMOND BCH, FL Zip 29 32174 Country 30 Volusia
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3. Date Incorporated or Qualified 09/11/1997	4. FEI Number 59-3467551	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
10. Name and Address of New Registered Agent		

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 Charles L. Strasser (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1316 JOHN ANDERSON DRIVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	1200 JOHN ANDERSON DR	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	434 BEACH ST	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		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.

SIGNATURE: Scott Strasser 4-2098