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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F46776** (3)  
1. Corporation Name  
**GENERAL REALTY & FINANCE CORPORATION**

Principal Place of Business: **103 SW LINDEN STREET PO BOX 31 JUPITER FL 33468-7031**  
Mailing Address: **103 SW LINDEN STREET PO BOX 31 JUPITER FL 33468-7031**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1981</b>		3a. Date of Last Report <b>04/26/1994</b>	
21	26	4. FEI Number <b>59-2126182</b>		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. ZIP	25. COUNTRY	29. ZIP	30. COUNTRY	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FIELDING, EDWARD</b> <b>103 SW LINDEN STREET</b> <b>STUART FL 34997</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607 (2)(2) 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 0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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	FIELDING, EDWARD		1.2 NAME		
STREET ADDRESS	103 SW LINDEN STREET		1.3 STREET ADDRESS		
CITY, ST, ZIP	STUART FL		1.4 CITY, ST, ZIP		
TITLE			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY, ST, ZIP			2.4 CITY, ST, ZIP		
TITLE			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			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			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			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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 of this report or any attachment with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ed Fielding**

5-15-95 407 777 8444  
 DATE TIME