

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
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**

*dept error*

2. Principal Place of Business  
21 **103 SW Linden St**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Stuart FL**  
Zip Country  
24 **34997** 25  
2a. Mailing Address  
26 **103 SW Linden St**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Stuart FL**  
Zip Country  
29 **34997** 30

3. Date of Incorporation or Qualification **09/30/1981** 3a. Date of Last Report **05/22/1995**  
4. Filing Number **59-2126182** 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 has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**FIELDING, EDWARD  
103 SW LINDEN STREET  
STUART FL 34997**

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 607.0607 and 607.1105, 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 will take effect only if the corporation's board of directors, hereby, accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDING, EDWARD</b>	
STREET ADDRESS	<b>103 SW LINDEN STREET</b>	
CITY-STATE-ZIP	<b>STUART FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this application is true and does not conflict with the information state in Section 19.071(a)(3), Florida Statutes. I further certify that the information indicated on this certificate is required to support an annual report as required by law 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 registered agent or authorized person whose liability is reported as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form with an address.

SIGNATURE: *[Signature]* **ED Fielding** 9-4-96 407 286 6131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)