

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 08, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P94000079060 (7)**

1. Corporation Name

**GENERAL AMERICAN CORPORATION OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

CONCEPT TOW TOWERS  
2290 10TH AVE. N. #501  
LAKE WORTH FL 33461  
US

CONCEPT TOW TOWERS  
2290 10TH AVE. N. #501  
LAKE WORTH FL 33461  
US

2. Principal Place of Business

2a. Mailing Address

21 **Concept Two Towers**

26 **Concept Two Towers**

Suite, Apt. #, etc. **Suite 501**

Suite, Apt. #, etc. **Suite 501**

22 **2290 10th Avenue N**

27 **2290 10th Avenue N**

City & State

City & State

23 **Lake Worth FL**

28 **Lake Worth FL**

Zip Country

Zip Country

24 **33461** 25 **USA**

29 **33461** 30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/27/1994**

3a. Date of Last Report

**03/28/1995**

4. FFL Number

**58-2147685**

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

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

81 Name

**Laura Franck, Vice President**

82 Street Address (P.O. Box Number is Not Acceptable)

**Concept Two Towers - Suite 501**

83 **2290 Tenth Avenue North**

84 City

**Lake Worth**

**FL**

85 Zip Code

**33461**

11. Pursuant to the provisions of Sections 607.051 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 607.055, Florida Statutes.

SIGNATURE

*Laura H. Franck*

**Laura H. Franck, Vice President**

DATE **3-29-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, IRA H</b>	
STREET ADDRESS	<b>700 5TH AVENUE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15219</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, PETER</b>	
STREET ADDRESS	<b>700 5TH AVENUE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15219</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Peter Gordon*

**Peter Gordon, President** 3-29-96

(412) 765-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)