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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079060

1. Corporation Name
GENERAL AMERICAN CORPORATION SOUTH, INC.



Principal Place of Business 700 FIFTH AVE. PITTSBURGH PA 15219 US	Mailing Address 700 FIFTH AVE. PITTSBURGH PA 15219 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 707 GRANT STREET	2a. Mailing Address 26 707 GRANT STREET
Suite, Apt. #, etc. 22 GULF TOWER, SUITE 300	Suite, Apt. #, etc. 27 GULF TOWER, SUITE 300
City & State 23 PITTSBURGH, PA	City & State 28 PITTSBURGH, PA
Zip Country 24 15219 25 US	Zip Country 29 15219 30 US

3. Date Incorporated or Qualified 10/27/1994	
4. FEI Number 58-2147685	Applied For 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FAUCHER, DEBRA
CONCEPT TWO TOWERS SUITE 501
2290 TENTH AVENUE
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, IRA H	
STREET ADDRESS	700 5TH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, PETER	
STREET ADDRESS	700 5TH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAUCHER, DEBRA	
STREET ADDRESS	CONCEPT TWO TOWERS, STE 501 2290 10TH AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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	F/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD A. SNEDDEN	
1.3 STREET ADDRESS	1100 BUCHANON AVENUE	
1.4 CITY-ST-ZIP	ALIQUIPPA, PA 15001	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEVIN MCCARTHY	
2.3 STREET ADDRESS	395 WAGONWHEEL TRAIL	
2.4 CITY-ST-ZIP	WEXFORD, PA 15090	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PATRICK M. RYAN	
5.3 STREET ADDRESS	363 HUNTINGDON DRIVE	
5.4 CITY-ST-ZIP	CEDARBURG, WI 53012	
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin J. McCarthy* Date: 5/14/99 Daytime Phone #: (412) 261-4791

CR2E034 (11/98)