FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90031 008 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M66438 1. Corporation Name

CITY-ST-ZIP

GENERAL EQUITY ASSOCIATES, INC.

Principal Place of Business Mailing Address									
POST OFFICE	BOX 12332	POST OFFICE B	OX 12332						
ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733									
							DO NOT WRITE IN T	IS SPACE	
							Date Incorporated or Qualifed		
							01/29/1988	rr	
2. Principal P	lace of Business	2a. Mailing Address				1 ''	FEI Number	I—+—'	oplied For
21		26				;	59-2999018		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired		Additional
22		27						Fee R	equired
City & Stat	te	City & State			6.	Election Campaign Financing	*	May Be	
23		28					Trust Fund Contribution	Added	to Fees
Zip				Country		8. This corporation owes the current year Intangible			₩
24 25 29			30					☐ Yes	XNo
	9. Name and Address of Curr	ent Registered Agent	<u> </u>		т	10.	Name and Address of New Register	ed Agent	
400	OLD BIOLIABD C			81	Name				
	OLD, RICHARD C.	82 S			Street Addr	ress (P.	O. Box Number is Not Acceptable)		
	34TH STREET NORTH								
SI.	PETERSBRUG FL 33714			83					
1				84	City			85 Zip	Code
				04:	City		F	FL °3 ="	0000
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508, Flo	rida Statutes, th	ne above	e-named corp	oration	submits this statement for the purpose	of changing it	s registered
i office or i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Flonda. Such cha	nge was author	nzed by	the corporation	on's boa	ard of directors. I hereby accept the ar	pointment as r	egistered
]	am tamıllar witti, and accept the obliq	gations of, Section of	.0303, 1 lorida (Otatutes	•				
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable	(NOTE: Regis	stered Agen	nt signature required	d when rea	nstating) DATE		
12.		AND DIRECTORS		13.			DDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PST			1.1 TITLE				Change	Addition
NAME	ARNOLD, RICHARD			1.2 NAME					
1	FOOA OATH OT MODTH				T ADDRESS				
STREET ADDRESS	ST. PETERSBURG FL			1.4 CITY-S					
CITY-ST-ZIP	D			2.1 TITLE	1-215			[] Change	[] Addition
TITLE	ARNOLD, RICHARD			2 2 NAME					_
NAME	FOOA NATH OF MODEL								
STREET ADDRESS					TADDRESS				_
CITY-ST-ZIP	ST. PETERSBURG FL			2. 4 CITY-S	ST-ZIP			Change	Addition
TITLE		Ц		3.1 TITLE				L_1 onunge	
NAME				3.2 NAME					
STREET ADDRESS			;	3.3 STREET	T ADDRESS				
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP			[] Ob	Addition
TITLE		Ц	DELETE	4,1 TITLE				Change	Addition
NAME				4. 2 NAME	ļ				
STREET ADDRESS	i			4.3 STREE	TADORESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE	☐ DELETE 5.1*		5.1 TITLE				Change	Addition	
NAME	1		1	5.2 NAME					
STREET ADDRESS				5.3 STREET	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
1					i				
NAME				6.2 NAME					

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 carporation 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 of an attachment with an address with all other like empowered.