


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90129 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 146110 1. Corporation Name GENERAL ENGINEERING & MACHINE COMPANY					
Principal Place of Business 2907 BAY TO BAY BLVD. SUITE 200 TAMPA FL 33629-8195 US			Mailing Address 2907 BAY TO BAY BLVD. SUITE 200 TAMPA FL 33629-8195 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified 03/06/1946			4. FEI Number 59-0551438		
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		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent KRUSEN, W A 2907 BAY TO BAY BLVD. SUITE 200 TAMPA FL 33629			10. Name and Address of New Registered Agent 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 607.0502 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DOUGLAS N		1.2 NAME		
STREET ADDRESS	2907 BAY TO BAY BLVD, #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUSEN, W.A. SR.		2.2 NAME		
STREET ADDRESS	2907 BAY TO BAY BLVD., SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUSEN, W.A. JR.		3.2 NAME		
STREET ADDRESS	2907 BAY TO BAY BLVD., SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUSEN, CHARLES B.		4.2 NAME		
STREET ADDRESS	712 5TH AVE, 11TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUER, JOEL P.		5.2 NAME		
STREET ADDRESS	1300 MAIN ST. S 1840		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)