

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 228741 (5)

1. Corporation Name
GENERAL DEVELOPMENT UTILITIES, INC.

Principal Place of Business
**LEGAL DEPT 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**

Mailing Address
**LEGAL DEPT 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**

FILED

98 JAN 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1959

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	Applied For
59-0881993	Not Applicable
5. Certificate of Status Desired	<input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDMAN, JOEL K
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	100002439351--3 -02/24/98--01066--003
B4	City

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	VDCS	<input checked="" type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, LARRY J.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDCAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cook, Paula	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY-ST-ZIP	Miami, Florida 33133	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laguardia, John	
2.3 STREET ADDRESS	2601 S. Bayshore Drive	
2.4 CITY-ST-ZIP	Miami, Florida 33133	
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 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.

CR2E034 (10/97)

Handwritten initials and date: JB 2-18-98

SIGNATURE _____ DATE _____