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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the informal information indicated on this annual am an officer or director of the appears in Block 12 or Block 15



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50443 **GENERAL BUILDING CORPORATION**

(7)

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							
7200 DAVIS BLVD NAPLES FL 33962		2316 PINE RIDGE RD #333 Naples Fl 34109-2006 US					
				 Date Incorporated or Qualified 12/29/1986 	od 3a. Date of Last Report 03/29/1996		
2. Principal Place of Business 2a. Mailing Add			ss		4. FEI Number		Applied For
21 26 Suite, Apl. #, etc.		26] Suite, Apt. #, etc.			59-2783295	Not Applicable	
27		₁			5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	7	5.00 May Be dded to Fees
Zip 24	Country Zip		Country 30	Country 8. This corporation has liability for intang Florida Statutes Yes			idor s. 199.032,
	9. Name and Address of Curren		. 130]		10. Name and Address of New Re		
SIFS	KY, JAMES H.		81	Name			
700 11TH ST S. #203			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
NAPI	LES FL 33940-3777		83	-		A. 46.4644 A	
			84	City		85	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	2 and 607.1508, Florida Stat of Florida, Such change wa ations of, Section 607.0505,	tutes, the abov s authorized b Florida Statuto	 re-named corp y the corpora is:	poration submits this statement for the p lion's board of directors. I hereby accep	FL burpose of changot the appointment	jing its registered ent as registered
SIGNATURE	Signature, typed or printed name of registured acc	1	Barra o de tra				
12.	Signature, typed or printed name of registrice age. OFFICERS AN		13.	ient signature raqui	ired which reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRE	CTORS IN 12
TITLE	PD DELETE		1.1 TITLE			Cr	
NAME	HUBSCHMAN, SIDNEY JOHN		1.2 NAME				
STREET ADDRESS	7200 DAVIS BLVD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 33962	· · · · · · · · · · · · · · · · · · ·	1.4 CHY-	ST - ZIP			
TITLE		DELETE	2.1 TITLE			☐ Cr	nange []] Addition
NAME			2 2 NAME				
STREET ADORESS				T ADDRESS	•		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	7.000	☐ Ct	nange Addition
NAME		L OLLE IL	3.2 NAMC			Ci	lange [_] Addition
STREET ADDRESS				1 ADURESS			
CITY-ST-ZIP			3.4, CHY-				
TITLE		DELETE	4.1 TITLE			☐ Ct	nange [] Addition
NAME			. 4.2 NAME				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE	53EF. 3		☐ Ct	nange
NAME			5.2 NAME	Į			
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	S1-ZIP			
TITLE		☐ DELETÉ	6.1 TITLE			☐ Ch	nange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADORESS			

6.4 City - ST - ZiP

supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that align of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name agod, or on an attachment with an address.