

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

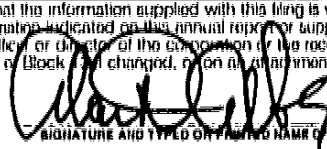
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95 MAY -1 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J59989 (0)			
1. Corporation Name G & E COMMERCIAL WAREHOUSE, INC.			
Principal Place of Business 2517 SHADER RD. UNIT #2 ORLANDO FL 32804		Mailing Address 2517 SHADER RD. UNIT #2 ORLANDO FL 32804	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent ALBERY, ALAN D 2517 SHADER RD UNIT #2 ORLANDO FL 32804-9766		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 registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and changed, or on an appointment with an address.			
SIGNATURE:  President Alan D. Albery May 1, 1995 (47) 292-2324			