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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K19700 1. Corporation Name

GERALDINE F. WHITE REALTY, INC.

FILED
Feb 08, 1999 8:00am
Secretary of State
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Principal Place of Business	Mailing Address						
4023 N. ARMENIA AVE	4023 N ARMENIA AVE			·			
STE 290-	STE 290			DO NOT WIRIT	TE IN THIS SPACE		
TAMPA FL 33607 US :	TAMPA FL 33607 US						
	03			3. Date Incorporated or Qualifed		· · ·	
				03/31/1988			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	82
21	26			59-3134238		ot Applicable	5.673
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	30
22	27				Fee Re	· · · · · · · · · · · · · · · · · · · ·	
City & State	City & State			6. Election Campaign Financing	1 1	May Be`	ĺ
23	28			Trust Fund Contribution		to Fees	Z
Zip Country	Zip	Country	f	8. This corporation owes the curre	· <u>-</u>	r a r.	
24 . 25		30		Personal Property Tax.	YYes	Mo	
9. Name and Address of Curren		——	1	10. Name and Address of New R	legistered Agent		
MARTE CEDAL DINE	Į P	81	Name				
WHITE, GERALDINE F.	:	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	,	
13608 #6105 SOUTH VILLAGE DR.				e empleos e man traes a securi en me	11 6 h	teriment mirate intitit	
TAMPA FL 33624		83		· 是不可能 排放 建铁铁铁铁			
		84	City	1 40 000 881 88 3 1860 881 883	85 Zip	Code	
• .		04	City		FL S Z	Code .	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abov	e-named corpo	oration submits this statement for the	purpose of changing its	registered	<i>'</i>
office or registered agent, or both, in the State	of Florida, Such change was auf	thorized hy	the cornoratio	n's board of directors. I hereby accep	t the appointment as re	gistered	
318	*5	da Çtatilites		:	•		
					.*	·	
SIGNATURE Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE: F	Registered Age	nt signature required	when reinstating)	ÖATE		l∝
Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: F ID DIRECTORS	Registered Age	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF		DRS IN 12	(86/
Signature, typed or printed name of registered agei			nt signature required	ADDITIONS/CHANGES TO OF		DRS IN 12	(11/98)
Signature, typed or printed name of registered ages 12. OFFICERS AN TITLE PD	ID DIRECTORS	13.	nt signature required		FICERS AND DIRECTO		(4:(1:1/98)
12. OFFICERS AN TITLE PD WHITE, GERALDINE F.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO		=034:(1:1/98)
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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 iffchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/14/99

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873-8311