

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

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K83356 (1) 1. Corporation Name GERRITY EQUITY ADVISORS, INC.	

Principal Place of Business % MICHAEL J. GERRITY 101 WYMORE RD. STE 327 ALTAMONTE SPRINGS FL 32714	Mailing Address % MICHAEL J. GERRITY 101 WYMORE RD. STE 327 ALTAMONTE SPRINGS FL 32714		
2. Principal Place of Business 21 Suite, Apt. #, etc 26	2a. Mailing Address 27 Suite, Apt. #, etc 28		
City & State 23	City & State 29		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent GERRITY, MICHAEL J. 101 WYMORE RD, STE 327 ALTAMONTE SPRINGS FL 32714		81 Name GERRITY, MICHAEL J.
		82 Street Address (P.O. Box Number is Not Acceptable) 301 WYMORE RD, STE 327 ALTAMONTE SPRINGS FL 32714
		83 03/24/96 - 01002 - 002 ***200,00 ***200,00
		84 City FL
		85 Zip Code 4-25-96

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

Michael J. Gerrity

NOTE: Registered Agent signature required when re-appointed.

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	101 WYMORE RD, STE 327	12 NAME		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	13 STREET ADDRESS		
TITLE	NAME	14 CITY-ST-ZIP		
STREET ADDRESS	101 WYMORE RD, STE 327			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		22 NAME		
CITY-ST-ZIP		23 STREET ADDRESS		
TITLE	NAME	24 CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		32 NAME		
CITY-ST-ZIP		33 STREET ADDRESS		
TITLE	NAME	34 CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		42 NAME		
CITY-ST-ZIP		43 STREET ADDRESS		
TITLE	NAME	44 CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		52 NAME		
CITY-ST-ZIP		53 STREET ADDRESS		
TITLE	NAME	54 CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		62 NAME		
CITY-ST-ZIP		63 STREET ADDRESS		
TITLE	NAME	64 CITY-ST-ZIP		
STREET ADDRESS				
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407) 864-6763

Date: 4-25-96

CR2E034 (12/95)