

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.

FILED
96 SEP 11 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1989		3a. Date of Last Report 07/05/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-2941855		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GERRITY, MICHAEL J.
101 WYMORE RD, STE 327
ALTAMONTE SPRINGS FL 32714**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	Zip Code

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*

DATE *4-25-96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRITY, MICHAEL J.	1.2 NAME	
STREET ADDRESS	101 WYMORE RD, STE 327	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DCM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRITY, MICHAEL J.	2.2 NAME	
STREET ADDRESS	101 WYMORE RD, STE 327	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407) 864-6762

CR2E034 (12/95)