

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28609

(0)

1. Corporation Name

G.E. PRICE & ASSOCIATES, INC.

Principal Place of Business

4701 N FED HWY
STE 480-B-7
LIGHTHOUSE PT FL 33064
US

Mailing Address

4701 N FED HWY
STE 480 B-7
LIGHTHOUSE POINT FL 33064-6562
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PRICE, GAIL E
2455 E SUNRISE BLVD
STE 811
FT LAUDERDALE FL 33304

3. Date Incorporated or Qualified

11/06/1989

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0156537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

PRICE, GAIL E.
4701 N. Fed Hwy
Suite 480 B7

Lighthouse Point

FL

85

Zip Code

33064

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D
PRICE, GAIL E
4701 N FED HWY STE 480 B-7
LIGHTHOUSE POINT FL

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

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TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE *Gail E. Price* 4/30/97 (954) 782-8888

FILED
May 08 1997 8:00am
Secretary of State



CR2E034 (9/96)