

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L35353** (6)
1. Corporation Name
GREAT AMERICAN FINANCIAL CORP.

Principal Place of Business
**777 S. FLAGLER DR.
8TH FL-W TOWER
W. PALM BEACH FL 33401
US**

Mailing Address
**777 S. FLAGLER DR.
8TH FL-W TOWER
W. PALM BEACH FL 33401
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1345 BEAR ISLAND DR. Suite, Apt. #, etc. 22 City & State 23 W. PALM BEACH, FL. Zip 24 33409	2a. Mailing Address 25 931 VILLAGE BLVD Suite, Apt. #, etc. 26 City & State 27 W. PALM BEACH, FL. Zip 28 33409 Country 29 PALM BEACH 30 PALM BEACH
---	---

3. Date Incorporated or Qualified 12/07/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0171192	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREESE, JAMES K 777 S. FLAGLER DR., 8TH FL-W TOWER 515 N FLAGLER DR. W. PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name JAMES K. FREESE 82 Street Address (P.O. Box Number is Not Acceptable) 1345 BEAR ISLAND DR. 83 84 City W. PALM BEACH FL 85 Zip Code 33409
---	--

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 *James K. Freese* **JAMES K. FREESE** DATE **4-8-98**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREESE, JAMES K		1.2 NAME JAMES K. FREESE	
STREET ADDRESS 777 S. FLAGLER DR., 8TH FL-W TOWER		1.3 STREET ADDRESS 1345 BEAR ISLAND DR.	
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP W. PALM BEACH, FL. 33409	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *James K. Freese*

4-8-98 (531) 686-4535

CR2E034 (10/97)