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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

l .	MENT # L88590 GE THREE REALTY, INC.	(9)			1811 848 11 818 11 818 11 818 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11
Principal Piece	e of Business	Marling Address		{	HON BION DIEN BION DIE 1
1		•			
219 FLORAL OCCEE FL 3		219 FLORAL ST. OCOEE FL 34761-2622			
US		US		DO NOT WRITE IN TH	IS SPACE
<b>!</b>				3. Date Incorporated or Qualified	
9 Principal F	Place of Business	2a, Mailing Address		07/24/1990 4. FEI Number	TApplied For
21	lade of business	26		59-3024350	Applied For Not Applicable
<ol> <li>Suite, Apt.</li> </ol>	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25   9. Name and Address of Current		30	Personal Property Tax due June 30.  10. Name and Address of New Register	
.04	HLLIPS, CATHY L.	Trogration and Tragellic	81 Name	ATHY O CHOSE	N.
	9 FLORAL ST.	Con some and	00 00 01 4 6	Iny . CUKNA	10
	OEE FL 34761	(Just changes	82 Street Add	fress (P.Ol Box Number is Not Acceptable)	
	, OCE 12 01/01	(Just changed name 'cause got marriet)	B3		
		married)	84 City	7	85 Zip Code
_			1 1	F	<b>il</b>
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Socilons 607.05.02 registered agent, or both, in the State of	CATHY P. CURNAN	s, the above-named corputhorized by the corporation Statutes.  PRESIDEN  Registered Agent signature requirements.	•	3-48
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	<b>DPST</b>	☐ DELETE	1.1 TALE	ATHY P. CURNAN	■ Change
NAME	PHILLIPS, CATHY L.		1.2 NAME	Wild Is a leading	
STREET ADDRESS	12436 SUMMERPORT BCH W	AY	1,3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, JAMES D.		22 NAME		
STREET ADDRESS	219 FLORAL ST.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	OCOEE FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		bagand of the control of	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE					
		DELETE	4.1 TITLE		Change Addition
NAME		☐ DELETE			Change Addition
NAME STREET ADDRESS		DELETE	4.1 TITLE		Change Addition
i			4.1 YITLE 4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 YITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 YITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS			4.1 7iTLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY - S1 - ZIP 5.1 TITLE		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 YITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition

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 trusted 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: CORPY P. CLEINON PRESIDENT CATHY P. CURNAN 4-13-98 407-656-5577

2E034 (10/97)

**FILED** 

Apr 27 1998 8:00am

Secretary of State