

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90050 028 \*\*\*150.00

0554005

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30990**  
 1. Corporation Name  
**GEARY REALTY CORPORATION**



Principal Place of Business 2800-28TH ST. STE. 222 SANTA MONICA CA 90405	Mailing Address 2800-28TH ST. STE. 222 SANTA MONICA CA 90405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6171 W. Century Blvd. Suite, Apt. #, etc. 22 Ste. 100 City & State 23 Los Angeles CA Zip Country 24 90045 25 USA	2a. Mailing Address 26 6171 W. Century Blvd. Suite, Apt. #, etc. 27 Ste. 100 City & State 28 Los Angeles CA Zip Country 29 90045 30 USA
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3. Date Incorporated or Qualified 09/18/1990	4. FEI Number 95-4175574	Applied For Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY, WILLIAM W., JR.	1.2 NAME	
STREET ADDRESS	2800-28TH ST., STE. 222 <i>See above</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY, WILLIAM W JR.	2.2 NAME	
STREET ADDRESS	2800-28TH STREET, STE-222 <i>See above</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEBEL, KATHRYN	3.2 NAME	
STREET ADDRESS	2800-28TH ST., STE-222 <i>See above</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVELLE, BARBARA	4.2 NAME	
STREET ADDRESS	2800-28TH ST STE 222 <i>See above</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	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, with an other like empowered.

SIGNATURE: *[Signature]* 4/23/99 (310)258-9000  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)