

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039020 (1)

1. Corporation Name

THE GREAT AMERICAN COMMERCE CORPORATION



Principal Place of Business 128-48 LINCOLN CIR., NW ST PETERSBURG FL 33702 US	Mailing Address P. O. BOX 20754 ST PETERSBURG FL 33742-0754 US
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2. Principal Place of Business 21 428 LINCOLN CIR. N.W. Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG, FL Zip 24 33702	2a. Mailing Address 26 P.O. BOX 20754 Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG, FL Zip 29 33742	3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 06/09/1995	4. FEI Number 59-3186126	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
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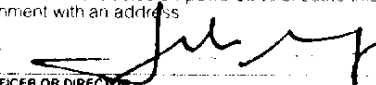
9. Name and Address of Current Registered Agent DEFORTUNY, JUAN E 128-428 LINCOLN CIR., NW ST PETERSBURG FL 33702	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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) (NONE: Registered Agent signature required when re-stating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	DE FORTUNY, JUAN E.	12 NAME	JUAN E. DE FORTUNY
STREET ADDRESS	P. O. BOX 20754	13 STREET ADDRESS	428 LINCOLN CIR. N.W.
CITY - ST - ZIP	ST. PETERSBURG FL	14 CITY - ST - ZIP	ST. PETERSBURG, FL 33702
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JUAN E. DE FORTUNY  6-12-96 813-528-1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)