FILED

03-04-1999 90187 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019721

GEORGICA ASSOCIATES, INC.

azonan									
Principal Place of Business		Mailing Address			i (Baither tie ie	,u, u,,,, u,,,, u,,,, u,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1926 TENTH AV	ENUE NO.	1926 TENTH AVENUE NO							
4TH FLOOR	7 00101	4TH FLOOR				DO NOT WRITE IN THIS SPACE			
LAKE WORTH F	·L 33461	LAKE WORTH FL 33461 US				3. Date Incorporated or Qualifed			
00		00			03/09/1995	,			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Appl	lied For	
21		26			65-0382380		Not .	Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Statu	us Desired	\$8.75 Ad	iditional	
22		27			5. Certificate of State	S Desired 🚨	Fee Req	uired	
City & State	9	City & State			6. Election Campaig	π Financing~	\$5.00 ⋈		
23		28			Trust Fund Contri	bution	Added to	Fees	
Zip	Country	Zip	Count	ry	· ·	wes the current year		ا ا	
24	25		30		Personal Property 10. Name and Addre			□No	
	9. Name and Address of Curren	t Registered Agent		1 Name		ss of New Registere	u Agenit		
POC	EDC IAMEC M								
ROGERS, JAMES M 1926 TENTH AVENUE NO			8	2 Stree	Address (P.O. Box Number is Not Acceptable)				
	FLOOR		-	13	J. 411	 	<u>.</u>		
	WORTH FL 33461			13					
באועם	10001111E 35401		8	4 City		F	85 Zip Co	ode	
	to the provisions of Sections 607.050	0 1007.4500 51-11-01-4	- 11		d corporation pubmits this state			enistered	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 gigistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was at tions of, Section 607.0505, Flor	ida Statut	es.	poration's poard of directors.	DATE			
12. OFFICERS AND DIRECTORS			13.			IGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E	D/P	-	Change	Addition	
NAME	SHAPIRO, HONORA		1.2 NAM	E					
STREET ADDRESS 1926 TENTH AVENUE NO, 4TH FLOOR			1.3 STR	EET ADDRES	s			1	
CITY-ST-ZIP LAKE WORTH FL 33461			1.4 CITY-ST-ZIP						
TITLE	SVPT	☐ DELETE	2.1 TITL	Ē	SVP/S/T	 -	XX Change	☐ Addition	
NAME	ROGERS, JAMES M		2.2 NAM	Ę					
STREET ADDRESS 1926 TENTH AVENUE NO, 4TH FLOOR			2.3 STR	EET ADDRES	s			Ì	
CITY-ST-ZIP	LAKE WORTH FL 33461		2.4 CIT	Y-ST-ZIP	۸				
TITLE	VPAS	☐ DELETE	3.1 TITL	E	EVP		Change	XX Addition	
NAME	WELLINGTON, G P		3.2 NAM	E	Stephen J. Sha				
STREET ADDRESS 1926 TENTH AVENUE NO, 4TH FLOOR					s 1926 Tenth Ave	1926 Tenth Avenue North, 4th Floor			
CITY-ST-ZIP	LAKE WORTH FL 33461		3.4. CIT	Y-ST-ZIP	Lake Worth, FI	33461		7577 4 1 100	
TITLE		□ DELETE	4.1 TITL	E	\ \mathref{V}		☐ Change	XX Addition	
NAME			4, 2 NA	AE.	Michael Bernst				
STREET ADDRESS			4.3 STR	EET ADDRES	I -		4th Floor	:	
CITY-ST-ZIP				-ST-ZIP	Lake Worth, FI	. 33461		TETT A platet	
TITLE		☐ DELÉTE	5.1 TITL		AS		Change	XX Addition	
NAME			5.2 NAM		Margaret A. Hu	inter		,	
STREET ADDRESS				EET ADDRES	1920 Tenen Mve		4th Floor	:	
CITY-ST-ZIP				'-ST-ZIP	Lake Worth, FI	. 33461	☐ Change	Addition	
TITLE		☐ DELETE	6.1 TITL				□ cusishe	["] vaginon	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR	EET ADDRES	×				

6.4 CITY-ST-ZIP 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 all other like empowered.

SIGNATURE:

1/19/99

(561) 540-6224

Daytime Phone #