PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000108227

1. Corporation Name

	GE, INC.								
Principal Place of Bus	siness	Mailing Address				-	II DUINI IIBII AA		T() (08) (80)
587 2ND AVENUE		5587 2ND AVENUE							
KEY WEST FL 33040 KEY WEST FL 33040									
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			ł
						12/30/1998		11.	
2. Principal Place of	Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				65 0882825			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
22		27							
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Π	\$5.00 i	· .
23	Country		Cou	try					71 003
Zip	Country		30	ru y		This corporation owes the current Personal Property Tax.	rent year mit	angible □Yes	19Ko
24	25 ame and Address of Curre	nt Pagistared Agent	30			10. Name and Address of New i	Registered		
3. N	aine and Address of Curre	III Kegistered Agent		81 Nar	 ne	TV. Marie and Mean of the Marie			
GREAGER, 1	rodd a								
5587 2ND A				82 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)]
KEY WEST I				83					
				84 City	,		FL	85 Zip C	ode
11. Pursuant to the p	rovisions of Sections 607.056	02 and 607.1508, Florida Statu	tes, the al	ove-nan	ed corpo	ration submits this statement for the	purpose of	changing its	registered
office or registers	ed agent, or both, in the State	e of Florida. Such change was	authorized	by the c	orporation	n's board of directors. I hereby acce	pt trie appoi	ntment as reg	pstered
agent. I am famili	al will, and accept the obligi	ations of, Section 607.0505, Fl	orida Stati	tes.					}
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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, of an an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RECTOURS Greager

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90198 003 ***150.00