Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90124 036 \*\*\*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 # **V37452**

1. Corporation Name

CENERAL CUREDOMNUCTOR INC

GENERA	L SUPERCONDUCTOR, IN						
Principal P ac	e of Business	Mailing Address					
1663 TECHNOLOGY AVE SUITE 1		P. O. BOX 13981 GAINESVILLE FL 32604	GAINESVILLE FL 32604		DO NOT WRITE IN THIS SPACE		
ALACHUA FL 32615 US					3. Date Incorporated or Qualifed		
US					•		
	(5)	2a. Mailing Address			05/20/1992 4. FEI Number	Anı	lied For
					59-3140453	<u> </u>	Applicable
21 26 Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Re		
City & Sitate		City & State			6. Electic n Campaign Financing	\$5.00	vlav Be
		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	∏No
1	9. Name and Address of Curre	n: Registered Agent			10. Name and Address of New Register	ed Agent	
			8	II Name			
DUDEY, NORMAN D			8	Street A id	ress (P.O. Bo ( Number is Not Acceptable)		
	3 TECHNOLOGY AVE						
SUN			8	13			
A.IA	CHUA FL 32615		8	14 City		. 85 Zip (	ode
					poration subm ts this statement for the purpose		
SIGNATURE	Signature, typed or printed n. me of registered age	an and title if applicable. (NON) DIRECTORS	E: Registered A	gent signature recuire	DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PSD	DELETE	1.1 TITLE	=		Change	Addition
NAME	ZHOU, DAWEI	_	1 2 NAM				
STREET ADDRESS	COOR AND COTH CT		4	EET ADDRESS			
	GAINESVILLE FL		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE			[] Change	Addition
NAME	DUDEY, NORMAN		2 2 NAM	E			
STREET ADDRESS	1544 ANAL 40711 DI 405			EET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			Y-ST-ZIP			
TITLE	D	DELETE	3 1 TITL			Change	Addition
NAME	COX, JOHN		3 2 NAM	E	•		
STREET ADDRESS	ALLA OF ACTURE		3.3 STRI	EET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		34 CITY	r-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	E		Change	☐ Addition
NAME			4. 2 NAM	ME.			
STREET ADDRLSS			43 STRI	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	E		Change	☐ Addition
NAME			5.2 NAM	BE			
STREET ADDRESS	s		5.3 STR	EET ADDRESS			
CITY-ST-ZIP				'-ST-ZIP		. <del></del>	
TITLE		☐ DELETE	6.1 TITL	E		Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS	;[		63 STR	EET ADDRESS			l

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i), Florida Statutes. I further sertify 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP