FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **503763** **(5)**

1. Corporation Name

GENERAL FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
8821 S.W. 69 CT **MIAMI FL 33156**	**8821 S.W. 69 CT** **MIAMI FL 33156**

3. Date Incorporated or Qualified: **05/24/1976**

3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1670576** ☐ 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

9. Name and Address of Current Registered Agent

BEHREN, RICHARD I.
8240 SW 145TH STREET
MIAMI FL 33158

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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	BEHREN, RICHARD I.		12 NAME	RICHARD I. BEHREN	
STREET ADDRESS	8240 SW 145ST		13 STREET ADDRESS	2721 OAKBROOK MANOR	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	V	☐ DELETE	21 TITLE	V D	☒ Change ☐ Addition
NAME	BEHREN, LETA		22 NAME	BEHREN, LETA	
STREET ADDRESS	8240 SW 145ST		23 STREET ADDRESS	2721 OAKBROOK MANOR	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PHILIPSON, LISA		32 NAME		
STREET ADDRESS	9 ROLLINGWOOD DR		33 STREET ADDRESS		
CITY-ST-ZIP	NEW HARTFORD NY		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BEHREN, BRUCE		42 NAME		
STREET ADDRESS	11490 SW 98 ST		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	EDELSTEIN, JULIE		52 NAME		
STREET ADDRESS	3335 OAK DR		53 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Richard I Behren — 4/22/96 — (305) 666-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD I. BEHREN