

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 503763 (5)
1. Corporation Name
GENERAL FINANCIAL SERVICES, INC.



Principal Place of Business 8821 S.W. 69 CT MIAMI FL 33156	Mailing Address 8821 S.W. 69 CT MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 55 WESTON RD Suite, Apt. #, etc. 22 319 City & State 23 WESTON FL Zip 24 33326		2a. Mailing Address 26 55 WESTON RD Suite, Apt. #, etc. 27 319 City & State 28 WESTON FL Zip 29 33326		3. Date Incorporated or Qualified 05/24/1976		4. FEI Number 59-1670576		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) 2721 OAKBROOK MANOR 83 84 City WESTON FL 85 Zip Code 33332			
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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.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHREN, RICHARD I.			1.2 NAME			
STREET ADDRESS	2721 OAKBROOK MANOR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL B			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHREN, LETA			2.2 NAME			
STREET ADDRESS	2721 OAKBROOK MANOR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILIPSON, LISA			3.2 NAME			
STREET ADDRESS	9 ROLLINGWOOD DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW HARTFORD NY			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHREN, BRUCE			4.2 NAME			
STREET ADDRESS	11490 SW 98 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	SECRETARY-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDELSTEIN, JULIE			5.2 NAME			
STREET ADDRESS	3335 OAK DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:

Richard I. Behren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98

(954) 349-7400

CF2E034 (10/97)