

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90024 003 ***150.00

DOCUMENT # 503763

1. Corporation Name

GENERAL FINANCIAL SERVICES, INC.

Principal Place of Business

55 WESTON RD
319
WESTON FL 33326
US

Mailing Address

55 WESTON RD
319
WESTON FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1976

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2721 OAKBROOK MANOR

Suite, Apt. #, etc.

22

City & State

23 WESTON, FL

Zip

24 33326

Country

25 US

2a. Mailing Address

26 2721 OAKBROOK MANOR

Suite, Apt. #, etc.

27

City & State

28 WESTON, FL

Zip

29 33326

Country

30 US

9. Name and Address of Current Registered Agent

BEHREN, RICHARD I.
2721 OAKBROOK MANOR
WESTON FL 33332

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BEHREN, RICHARD I.

STREET ADDRESS 2721 OAKBROOK MANOR

CITY-ST-ZIP FT LAUDERDALE FL

TITLE PD ☐ DELETE

NAME BEHREN, LETA

STREET ADDRESS 2721 OAKBROOK MANOR

CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE

NAME PHILIPSON, LISA

STREET ADDRESS 9 ROLLINGWOOD DR

CITY-ST-ZIP NEW HARTFORD NY

TITLE D ☐ DELETE

NAME BEHREN, BRUCE

STREET ADDRESS 1490 SW 90 ST

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME EDELSTEIN, JULIE

STREET ADDRESS 3335 OAK DR

CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP WESTON, FL 33332

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP WESTON FL 33332

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 13745 S.W. 104 CT.
MIAMI FL 33176

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 1297 MANOR CT.
WESTON FL 33336

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/27/99

(954) 349-7400

CR2E034 (11/98)