

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **528151** (4)

1. Corporation Name  
**GENERAL BROKERAGE SERVICES, INC.**



Principal Place of Business: % SAMUEL STEEN, P.O. BOX 522053, MIAMI FL 33152  
Mailing Address: % SAMUEL STEEN, P.O. BOX 522053, MIAMI FL 33152

21. Principal Place of Business  
**Thomas A. Borgia**  
State, Apt. #, etc.  
**P.O. Box 522053**  
City & State  
**Miami, FL 33152**

2a. Mailing Address  
26. **Thomas A. Borgia**  
State, Apt. #, etc.  
27. **P.O. Box 522053**  
City & State  
28. **Miami, FL 33152**

3. Date Incorporated or Qualified: **02/09/1977**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **59-2191905**  
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

24. Name and Address of Current Registered Agent  
**STEEN, SAMUEL**  
**1500 SAN REMO AVE.**  
**SUITE 215**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81. Name: **Thomas A. Borgia**  
82. Street Address (P.O. Box Number is Not Accepted): **5395 NW 36th St.**  
83. **Miami FL 33166**  
84. City: **Miami FL 33166**  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.1504, 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 not a partner and accept the obligations of Section 607.1504, Florida Statutes.

SIGNATURE: *Thomas A. Borgia*

2/22/96

12. OFFICERS AND DIRECTORS

1. TITLE	SD	<input checked="" type="checkbox"/> DELETE
2. NAME	STEEN, SAMUEL	
3. STREET ADDRESS	1500 SAN REMO AVE., SUITE 215	
4. CITY, STATE, ZIP	CORAL GABLES FL	
1. TITLE	PD	<input checked="" type="checkbox"/> DELETE
2. NAME	TORO, ANTHONY A.	
3. STREET ADDRESS	1180 QUAIL AVENUE	
4. CITY, STATE, ZIP	MIAMI SPRINGS FL	
1. TITLE	V	<input type="checkbox"/> DELETE
2. NAME	BORGIA, THOMAS	
3. STREET ADDRESS	10351 SW 9TH LN	
4. CITY, STATE, ZIP	PEMBROKE PINES FL	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>President</b>
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information indicated on this change report or Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I understand the obligations of the officer 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 change is being an attachment with an address.

SIGNATURE: *Thomas A. Borgia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 305 871-7888

CR2E034 (12/95)