

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**
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**, **\$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 shareholder and accept the obligation of Sections 607.04(2) and 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	
5. TITLE	PD	<input checked="" type="checkbox"/> DELETE
6. NAME	TORO, ANTHONY A.	
7. STREET ADDRESS	1180 QUAIL AVENUE	
8. CITY, STATE, ZIP	MIAMI SPRINGS FL	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	BORGIA, THOMAS	
11. STREET ADDRESS	10351 SW 9TH LN	
12. CITY, STATE, ZIP	PEMBROKE PINES FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. 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
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

President

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 am an officer or director of the corporation or the manager 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 of name or 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)