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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 528151 (4)
 1. Corporation Name
GENERAL BROKERAGE SERVICES, INC.



Principal Place of Business: **THOMAS BORGIA, P.O. BOX 522053, MIAMI FL 33152, US**
 Mailing Address: **THOMAS A. BORGIA, P.O. BOX 522053, MIAMI FL 33152-2053, US**

3. Date Incorporated or Qualified: **02/09/1977**
 3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business: **21 5253 N.W. 36th ST.**
 2a. Mailing Address: **26 P.O. Box 522053**
 22 Suite, Apt. #, etc.
 23 City & State: **MIAMI SPRINGS, FL.**
 28 City & State: **MIAMI, FL.**
 24 Zip: **33166** Country: **DADE**
 29 Zip: **33152** Country: **USA**

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

9. Name and Address of Current Registered Agent
BORGIA, THOMAS A
5253 NW 36TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - SOLE DIRECTOR	<input type="checkbox"/> DELETE
NAME	BORGIA, THOMAS	
STREET ADDRESS	10351 SW 9TH LN	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	BORGIA, MARITEN	
STREET ADDRESS	10351 S.W. 9TH LANE	
CITY-ST-ZIP	PEMBROKE PINES, FL.	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	BELL, JAMES R.	
STREET ADDRESS	12233 S.W. 104 LANE	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	KATHLEEN THORNTON	
STREET ADDRESS	8520 S.W. 212 ST. - #305	
CITY-ST-ZIP	MIAMI, FL. 33189	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - Sole Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Borgia, Marit	
2.3 STREET ADDRESS	10351 S. W. 9th Lane	
2.4 CITY-ST-ZIP	Pembroke Pines, Fl 33025	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bell, James R	
3.3 STREET ADDRESS	12233 S. W. 104 Lane	
3.4 CITY-ST-ZIP	Miami, FL 33186	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen Thornton	
4.3 STREET ADDRESS	8520 S.W. 212 Street -#305	
4.4 CITY-ST-ZIP	Miami, FL 33189	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Thomas A. Borgia* **THOMAS A. BORGIA** 1/15/97 305-871-7888

CR2E034 (9/96)