

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

**FILED**  
**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 Mailing Address  
**THOMAS BORGIA** **THOMAS A. BORGIA**  
**P.O. BOX 522053** **P.O. BOX 522053**  
**MIAMI FL 33152** **MIAMI FL 33152-2053**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
 21 **5253 N.W. 36<sup>th</sup> ST.** 26 **P.O. Box 522053**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **MIAMI SPRINGS, FL.** 27 **MIAMI, FL.**  
 City & State City & State  
 24 **33166** 25 **DADE** 29 **33152** 30 **USA**  
 Zip Country Zip Country

3. Date Incorporated or Qualified **02/09/1977** 3a. Date of Last Report **02/27/1996**  
 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**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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	<b>PRESIDENT - SOLE DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>BORGIA, THOMAS</b>	
STREET ADDRESS	<b>10351 SW 9TH LN</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>ASST. SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>BORGIA, MARITEN</b>	
STREET ADDRESS	<b>10351 S.W. 9TH LANE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL.</b>	
TITLE	<b>ASST. SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, JAMES R.</b>	
STREET ADDRESS	<b>12233 S.W. 104 LANE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33186</b>	
TITLE	<b>ASST. SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>KATHLEEN THORNTON</b>	
STREET ADDRESS	<b>8520 S.W. 212 ST. - #305</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33189</b>	
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	<b>President - Sole Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Borgia, Marit</b>	
2.3 STREET ADDRESS	<b>10351 S. W. 9th Lane</b>	
2.4 CITY-ST-ZIP	<b>Pembroke Pines, Fl 33025</b>	
3.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bell, James R</b>	
3.3 STREET ADDRESS	<b>12233 S. W. 104 Lane</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33186</b>	
4.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kathleen Thornton</b>	
4.3 STREET ADDRESS	<b>8520 S.W. 212 Street -#305</b>	
4.4 CITY-ST-ZIP	<b>Miami, FL 33189</b>	
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)