

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528151 (4)
 1. Corporation Name
GENERAL BROKERAGE SERVICES, INC.



Principal Place of Business 5253 N.W. 36TH ST. → P.O. BOX 522053 MIAMI SPRINGS FL 33166 US	Mailing Address P.O. BOX 522053 P.O. BOX 522053 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1977

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

4. FEI Number
59-2191905

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BORGIA, THOMAS A
5395 NW 36TH STREET → 5253 N.W. 36 ST.
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BORGIA, THOMAS	
STREET ADDRESS	10351 SW 9TH LN	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BORGIA, MARIT	
STREET ADDRESS	10351 S.W. 9TH LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BELL, JAMES R.	
STREET ADDRESS	12233 S.W. 104 LANE	
CITY-ST-ZIP	MAIMI FL	
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORGIA, JOHN H.	
1.3 STREET ADDRESS	595 N. OAKLAND CIRCLE	
1.4 CITY-ST-ZIP	MCDONOUGH, GEORGIA 30253	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 - PRESIDENT 4/03/98 305-871-7888**

CR2E034 (10/97)