

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

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 528151**

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

Principal Place of Business: 5253 N.W. 36TH ST. P.O. BOX 522053 MIAMI SPRINGS FL 33165 US

Mailing Address: P.O. BOX 522059 P.O. BOX 522053 MIAMI FL 33152 US

2. Principal Place of Business: 31 Suite, Apt. #, etc. 32 City & State 33 Zip Country 24

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **02/09/1977**

4. FEI Number: **50-2191905** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent: **BORGIA, THOMAS A 5253 NW 36TH ST MIAMI FL 33168**

10. Name and Address of New Registered Agent: 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: BORGIA, THOMAS	1.2 NAME		
STREET ADDRESS: 10351 SW 9TH LN	1.3 STREET ADDRESS		
CITY-ST-ZIP: PEMBROKE PINES FL	1.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: BORGIA, MARIT	2.2 NAME		
STREET ADDRESS: 10351 S.W. 9TH LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP: PEMBROKE PINES FL	2.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: BORGIA, JOHN M	3.2 NAME		
STREET ADDRESS: 985 N OAKLAND CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP: MCDONOUGH GA 30253	3.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	4.2 NAME		
STREET ADDRESS:	4.3 STREET ADDRESS		
CITY-ST-ZIP:	4.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	5.2 NAME		
STREET ADDRESS:	5.3 STREET ADDRESS		
CITY-ST-ZIP:	5.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	6.2 NAME		
STREET ADDRESS:	6.3 STREET ADDRESS		
CITY-ST-ZIP:	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)(1), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address, with all other like empowered.

SIGNATURE: *Thomas A. Borgia* THOMAS A. BORGIA - PRESIDENT ✓ 2/5/99 305-871-7888

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRZ004 (1/98)