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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

GENE	RAL GROUP COVERAGES	, INC.		A IRRUS BILG. (BUT BILGS AND A	
ncipa' Place of Business		Mailing Address		g ammarift mirite uftrift Mettill fillite	en aser aram aram (1836 SIBM Alfil) Atali
311 N.W. 60 TH AVENUE AMI LAKES FL 33014		P.O. BOX 17-1370 HIALEAH FL 33017-1370 US			
		50		Date Incorporated or Qualified 09/03/1980	3a. Date of Last Report 05/01/1995
rincipal Fla	ace of Business	2a. Mailing Address 26		4. FEt Number	Applied Fo
.iite, Apt. i	#, etc.	Suite, Apt #, etc.		59-2103542	Not Applic
		27		5. Cortificate of Status Desired	\$8.75 Addition Fee Required
ty & State		City & State		6. Election Campaign Financing	\$5.00 May B
	T. Court	28		Trust Fund Contribution	Added to Fees
,	Country 25	Zip [29]	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s. No
	9. Name and Address of Curre		1301	10. Name and Address of New I	
			81 Name		
	ST, JOSEPH		82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)
15311 N.W. 60TH AVENUE				wood is not not be the	,
MIAMI L	AKES FL 33014		83		
			84 City		FL 85 Zip Code
TURE	in, and accept the obligations of, sec	000 007.0000; Figilida Statuti	JS.	ration submits this statement for the pu and of directors. I hereby accept the app	oointment as registered agent. I a
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.1 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

(305)823 3100

R2E034 (12/95)