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Apr 11 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 # 686374 (0)  
1. Corporation Name  
GENERAL GROUP COVERAGES, INC.



Principal Place of Business  
15311 N.W. 60 TH AVENUE  
MIAMI LAKES FL 33014  
US

Mailing Address  
P.O. BOX 17-1370  
HALEAH FL 33017-1370  
US

3. Date Incorporated or Qualified  
09/03/1980

3a. Date of Last Report  
03/01/1996

4. FEI Number  
59-2103542

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent

HARVEST, JOSEPH  
15311 N.W. 60TH AVENUE  
MIAMI LAKES FL 33014

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
ST	HARVEST, JOSEPH	14733 BRECKNESS PL.	MIAMI LAKES FL	<input type="checkbox"/>
P	HARVEST, MARXILA	14733 BRECKNESS PL.	MIAMI LAKES FL	<input type="checkbox"/>
V	ANTOLIN, LOUIS	7146 BALLANTRAE COURT	MIAMI LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PRESIDENT	JOSEPH HARVEST	14733 BRECKNESS PL.	MIAMI LAKES FL 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY - TREASURER	MARXILA HARVEST	14733 BRECKNESS PL.	MIAMI LAKES FL 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Joseph Harvest 4/7/97 305 823 3100  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)