

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara W. Marston  
Secretary of State  
Tallahassee, Florida 32304-0001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H14506** (0)  
GENERAL CONTAINER SERVICE, INC.

Main Office Name and Address: **1414 N.W. 107 AVENUE, #210 MIAMI FL 33172**  
Main Office Address: **1414 N.W. 107 AVENUE, #210 MIAMI FL 33172**

LET THE WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date incorporated or qualified<br><b>07/30/1984</b>  | 3a. Date of Last Report<br><b>05/01/1994</b>   |
| 4. FIC Number<br><b>59-2432229</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under § 199.012 Florida Statutes.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Office Location<br><b>21</b> | 26. Mailing Address<br><b>PO. Box 522191</b> |
| 22. City, State, and Zip<br><b>22</b>     | 27. State, Apt. #, etc.<br><b>Miami FL</b>   |
| 23. City, State, and Zip<br><b>23</b>     | 28. City, State, and Zip<br><b>Miami FL</b>  |
| 24. City, State, and Zip<br><b>24</b>     | 29. City, State, and Zip<br><b>33152</b>     |
| 25. City, State, and Zip<br><b>25</b>     | 30. City, State, and Zip<br><b>USA</b>       |

9. Name and Address of Current Registered Agent  
**ZARCO AND ASSOCIATES  
100 SE 2ND ST, 27TH FL  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name **MARK BUCHELE, Esq.**  
82 Street Address (P.O. Box Number not Applicable)  
**1500 Bay Road, Suite 747**  
83  
84 City **Miami Beach** FL 33139

11. I, the undersigned, being the duly authorized officer or director of the corporation, hereby certify that the information furnished on this statement for the purpose of changing its registered office is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.  
*Mark E. Buchele, MARK E. BUCHELE* 4/21/95

12. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| S | O'DONNELL, WILLIAM<br>1414 NW 107 AVE<br>MIAMI FL    |
| P | O'DONNELL, WILLIAM, P<br>1414 NW 107 AVE<br>MIAMI FL |

13. ADDITIONAL OFFICERS AND DIRECTORS

|    |      |  |
|----|------|--|
| 1  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 3  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 4  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 6  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 7  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 8  | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| 14 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 15 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 16 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 17 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 18 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 19 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 20 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14. I, the undersigned, certify that the information reported on this statement is true and correct to the best of my knowledge and belief, and that the information reported on this statement is true and correct to the best of my knowledge and belief, and that the information reported on this statement is true and correct to the best of my knowledge and belief.  
SIGNATURE: *William Donnell* William Donnell, 4/14/95 (305) 477 1322



#

**KEELER UNLIMITED, INC.**  
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**H25269**

July 17, 1995

Florida Department Of State  
Division Of Corporations  
Att.Sammy Caldwell  
P.O.BOX 6327  
Tallahassee, FL. 32314

Subject.Charter # H25269  
Certificate of status required

Hello MR. CALDWELL,

This will confirm your phone call back to me this morning.

You will recall I sent in my check # 2115 on April 14, for \$208.75 for my charter renewal plus a Certificate of Status.I was wondering why I had not received my certificate status. I found my cancel check but did not notice the amount the State deposited until you called my attention to it this morning.Thank you.

Apparently who ever deposited my check for FL.State only took out \$200. from my original check #2115 , amount of \$208.75.

Therefore,here is my check # 2143 for \$8.75 for my '95 Certificate of Status.I am also attaching copies of my '95 filing for my charter and return check # 2115 to remind you of my problem.

Mr. Caldwell,thank you very much for being so nice in handling my problem,considering you must handle hundreds everyday.

Best Regards,

John A. Keeler

Attachments

FLCHART.DOC

300001547853  
-07/27/95--01069--010  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

**SCC 7-25-95**