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

Mailing Address

CORPORATION -ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J52802** 1. Corporation Name

GENERAL DIRECTIONS, CORP.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90047 045 ***150.00

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7777 AFTON VILLA COURT 7777 AF		C/O MR. BERNARD SHAVITZ 7777 AFTON VILLA COURT BOCA RATON FL 33433	7 AFTON VILLA COURT			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1987				
2. Principal Place of Business 2a. Mailing Address			·		-	4. FEI Number		1 —4−	Applied For	
21		26	- h			22-2876285			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required	
City & Stat	e	City & State				6. Etection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip Count				8. This corporation owes the current year Intangible				
24 25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax. O. Name and Address of New Ro	enistered A			
,	5. Name and Address of Current	Kegistered Agent	81	Nar		U. Name and Address of New IX	-gistereu A	gen		
SHAVITZ, BERNARD 77777 ALTON VILLA COURT BOCA RATON FL 33433			82	Stre						
			83	-			7 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			84	City				85 Zi	p Code	
	Liverin and	** *	04	City	r		FL	33 21	p 0006	
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.										
	Ler	Mauns		•			1/4/	99		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egis ered Ager	nt signati	ure required when	n reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIREC	TORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			4	_	Chang	e 🗀 Addition	
NAME	SHAVITZ, BERNARD		1.2 NAME						ſ	
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	T-ZIP_						
TITLE .	\$	☐ DELETÉ	2.1 TITLE					☐ Chang	e 🗌 Addition	
NAME	SHAVITZ, HARRIET		2.2 NAME						1	
STREET ADDRESS	s 7777 AFTON VILLA COURT			2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-S	T-ZIP_						
TITLE		☐ DELETE	3.1 TITLE					☐ Change	e 🗀 Addition	
NAME	h Mineral Caracit		3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRE	:SS					
CITY-ST-ZIP		- O DELETE	3.4. CITY-S	T-ZIP					C 2 A A A A A A A	
TITLE		☐ DELETE	4.1 TITLE			,		☐ Chang	e 🔄 Addition	
NAME	94.1 St. 1		4. 2 NAME							
STREET ADDRESS			4.3 STREET		SS				1	
CITY-ST-ZIP		DELETE	4.4 CITY-ST	r-ZIP				Change	e	
NAME			5.1 IIILE 5.2 NAME			4			- LAGRON	
STREET ADDRESS			5.3 STREET	ADDRE	ss					
CITY-ST-ZIP	Patients of		5.4 CITY-ST	-					}	
TITLE	Turner Committee of the	☐ DELETE	6.1 TITLE		 			☐ Change	e Addition	
NAME	THE FOREL DEPT.	. —	6.2 NAME							
STREET ADDRESS	ENAME OF THE		6.3 STREET	ADDRE	ss				ĺ	
CITY-ST-ZIP	\$	*	6.4 CITY-ST							
4111-41-4II	_ 									

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME, OF SIGNING OFFICER OR DIRECTOR