

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 20 PM 3:22

DOCUMENT # **J69219** (0)  
1. Corporation Name  
**GENERAL, INC.**

Principal Place of Business Mailing Address  
**899 SOUTH AMERICA WAY** **899 SOUTH AMERICA WAY**  
**P.O. BOX 013901- MAIN OFFICE** **P.O. BOX 013901- MAIN OFFICE**  
**MIAMI FL 33101** **MIAMI FL 33101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1987** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2800973</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
<b>24</b>	<b>25</b>	<b>28</b>	<b>30</b>

9. Name and Address of Current Registered Agent

**STINSON, LOUIS J**  
**4675 PONCE DE LEON BLVD.**  
**STE. 305**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 title if applicable)

(Signature) Registered Agent signature required when registering

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRINGTON, NEAL L.</b>	1.2 NAME	
STREET ADDRESS	<b>899 SOUTH AMERICA WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33101</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONOCANDILOS, JORDAN</b>	2.2 NAME	
STREET ADDRESS	<b>3201 N.W. 24 STREET ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33142</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATSOUFIS, PARIS G</b>	3.2 NAME	
STREET ADDRESS	<b>899 SOUTH AMERICA WAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33101</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STINSON, LOUIS JR</b>	4.2 NAME	
STREET ADDRESS	<b>4675 Ponce de Leon Blvd</b> <b>800 G.W. 8TH STREET</b> <b>#305</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33101</b> <b>Coral Gables Fla</b> <b>33146</b>	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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:

*(Signature)*

(Signature and typed or printed name of signing officer or director)

*2/1/95*

Date

*305-667-7571*

(Typed Name)