

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/23/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2800973	
24 Country		30 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HARRINGTON, NEAL L.	1.2 NAME	
STREET ADDRESS	899 SOUTH AMERICA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MONOCANDILOS, JORDAN	2.2 NAME	
STREET ADDRESS	3201 N.W 24 STREET ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KATSOUFIS, PARIS G	3.2 NAME	
STREET ADDRESS	899 SOUTH AMERICA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	STINSON, LOUIS JR	4.2 NAME	
STREET ADDRESS	4675 PONCE DE LEON BLVD #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ 2-23-98 (305) 358-5621

CR2E034 (10/97)