


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

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K28872** (5)  
1. Corporation Name  
**GENERAL STORE, INC.**

Principal Place of Business  
**7920 NW 76TH AVE  
MEDLEY FL 33166  
US**

Mailing Address  
**7920 NW 76TH AVE  
MEDLEY FL 33166-7513  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/14/1988</b>		3a. Date of Last Report <b>04/23/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0080392</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ED MANGONES 7920 NW 76TH AVENUE MEDLEY FL 33166</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PRESSOIR, LIONEL</b>			1.2 NAME	<b>ANNE PRESSOIR</b>		
STREET ADDRESS	<b>7920 NW 76TH AVE</b>			1.3 STREET ADDRESS	<b>7920 NW 76TH AVE</b>		
CITY-ST-ZIP	<b>MEDLEY FL</b>			1.4 CITY-ST-ZIP	<b>MEDLEY, FL 33166</b>		
TITLE	<b>EVPS</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MANGONES, ED</b>			2.2 NAME	<b>LYDIE MATHON</b>		
STREET ADDRESS	<b>7920 NW 76TH AVE</b>			2.3 STREET ADDRESS	<b>7920 NW 76TH AVE</b>		
CITY-ST-ZIP	<b>MEDLEY FL</b>			2.4 CITY-ST-ZIP	<b>MEDLEY, FL 33166</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAWKINS, MONIQUE P</b>			3.2 NAME			
STREET ADDRESS	<b>508 W LANCASTER AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WAYNE PA</b>			3.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PRESSOIR, LIONEL</b>			4.2 NAME			
STREET ADDRESS	<b>7920 NW 76TH AVENUE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MEDLEY FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 or change it, or on an attachment with an address.

SIGNATURE:  **ED MANGONES** 02/10/97 305 885-7670

CP2E034 (9/96)