SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K43164** **(8)**

1. Corporation Name
GENERAL MANAGEMENT CO.

Principal Place of Business	Mailing Address
~~8620 BYRON AVE~~ ~~STE #8A~~ ~~MIAMI BEACH FL 33141-4863~~	~~8620 BYRON AVE~~ ~~STE #8A~~ ~~MIAMI BEACH FL 33141-4863~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business 21: 1925 WASHINGTON AVE	2a. Mailing Address 26: 1925 WASHINGTON AVE
Suite, Apt. #, etc 22: #15	Suite, Apt. #, etc 27: #15
City & State 23: MIAMI BEACH, FL	City & State 28: MIAMI BEACH, FL.
Zip 24: 33139 Country 25:	Zip 29: 33139 Country 30:

4. FEI Number: 65-0080149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLFARTH, ROBERT J.
3538 FLAMINGO DR.
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

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 [illegible] 6/12/95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFARTH, ROBERT J.
STREET ADDRESS	3538 FLAMINGO DR.
CITY ST ZIP	MIAMI BCH. FL

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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 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 above or on an attachment with an address.

SIGNATURE: [illegible] ROBERT WOLFARTH, DIRECTOR 6/12/95 672-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0046014 CP