

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000031501 (7)

1. Corporation Name
GENERAL SERVICES RESTORATION INC.



Principal Place of Business 13839 74 ST NORTH WEST PALM BEACH FL 33412	Mailing Address 13839 74 ST NORTH WEST PALM BEACH FL 33412
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3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 01/17/1995
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 65-0489921 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**SAMUEL, MICHAEL S
13839 74 ST NORTH
WEST PALM BEACH FL 33412**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, MICHAEL A	2. 2. NAME	
STREET ADDRESS	13839 74TH STREET NORTH	3. 3. STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4. 4. CITY-ST-ZIP	
TITLE	VPS	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, POLLYANN	2. 2. NAME	
STREET ADDRESS	13839 74TH STREET NORTH	2. 3. STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2. 4. CITY-ST-ZIP	
TITLE		3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY-ST-ZIP		3. 4. CITY-ST-ZIP	
TITLE		4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Pollyann Samuel* **Pollyann Samuel** 01/18/96 753-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)