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

PROFIT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

	DRATION L REPORT		Sandra B Mortham  Secretary of State					
1996			5.1.9 DIVISION OF COTOR AND ONS					
DOCUM 1. Corporation Na		P940		5245 (7				
GENERA	L AUTO SE	RVICES OF	FLORIDA,	INC.				
Principal Place of	Business		Mailo	q Address				
•				•	0 AUTE 400			
701 NORTHLAKE BLVD., SUITE 202 STE 210 NORTH PALM BEACH FL 33408 US			701 NORTHLAKE BLVD SUITE 202 STE 210 NORTH PALM BEACH FL 33408 US					
2. Principal Place	of Business		F	ailing Address				
21			26	uite, Apt. #, etc.				
Suite, Apt. #, etc.			• <sub>1</sub>					
22			City & State					
City & State			28	ity & Other				
23] Zip		Country			Country			
24	25	occurre y	29	۲′	30			
<b>24</b> (	20		<b>Z</b> 3		• •			

9. Name and Address of Current Registered Agent



8. This corporation has liability for intangible tax under s. 199.032, X Yes No

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified 05/06/1994

65-0553813

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FE! Number

3a. Date of Last Report 05/01/1995

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

JORDAN, JOSEPH 500 AUSTRALIAN AVENUE S SUITE 600 WEST PALM BEACH FL 33401			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
					7-0-4		
			84 City	FL	85 Zip Code		
or registere	o the provisions of Sections 607.0502 and 607. ad agent, or both, in the State of Florida Such in the and accept the obligations of, Section 607.0	chancie was authorized	, the above-named corpora d by the corporation's board	tion submits this statement for the purpose of chang d of directors. Thereby accept the appointment as re	ing its registered office gistered agent. I am		
SIGNATURE -	Signature: typed or printed hance of registered a gent and title if ap-	pleatie (NO°t	Figurationed Agent Rights are required	where real stategs DATE			
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D	DELETE	1. 1 TITLE		Change		
NAME	POPE, ALLEN	•	1.2 NAME				
STREET ADDRESS	307 BAMBOO LANE		13 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH SHORES FL 33404		14 G(TY+S!+7 P				
TITLE	D	DELETE	2 1 TI!LE		Change		
NAME	CLARK, SUNNY J		2.2 NAME				
STREET ADDRESS	701 N LAKE BLVD, STE 210		2.3 STREET ADDRESS				
City - ST - ZIP	n Palm Beach Fl		2 4 CiTY - ST - ZiP				
TITLE	U	DELETE	3. 1 TITLE		Change		
NAME	CLARK, JOHN T		3.2 NAME		İ		
STREET ADDRESS	701 N LAKE BLVD. STE 210		3.3 STREET ADDRESS				
CITY - ST - ZIF	N PALM BEACH FL		3.4 C(TY+ST+7)P				
TITLE		DELETE	4 1 TIFLE		Change		
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TILLE		Change		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiTY - \$1 - 7:P				
THLE		☐ DELETE	6 1 TITLE		Change		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CiTY - ST - ZIP				
14. I do hereb certify that oath; that appears in	y certify that the information supplied with this the information indicated on the annual report I am an officer or director of the jorporation or h Block 12 or Block 13 if chargigid, or go an atti-	filing is voluntarily furnis or supplemental armu the receiver or trustee achment with an addre	shed and does not qualify for all report syltrue and accura- empowered to execute this ass	or the exemption stated in Section 119.07(3)(k), Floric te and that my signature shall have the same legal of s report as required by Chapter 607, Florida Statutes	da Statutes. I further ifect as if made under s; and that my name		

IG OFFICER OR DIRECTOR

81 Name