

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000041902 (4)**

1. Corporation Name  
**GENERAL SERVICES ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**3001 SPRUCE AVE. WEST PALM BEACH FL 33407**  
**3001 SPRUCE AVE. WEST PALM BEACH FL 33407**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>05/30/1995</b>		
4.	FBI Number	Applied For	
	<b>65-0583326</b>	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

81	Name	<b>Lee Hummel</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>3001 SPRUCE AVE</b>	
83			
84	City	<b>WEST PALM BEACH</b>	<b>FL</b>
	Zip Code	<b>33407</b>	

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: *Lee Hummel* PRES. DATE: **3-31-96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMMEL, LEE</b>	
STREET ADDRESS	<b>3001 SPRUCE AVE.</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHANDLER, WILLIAM H</b>	
STREET ADDRESS	<b>3001 SPRUCE AVE.</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY- ST- ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY- ST- ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY- ST- ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY- ST- ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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 given attachment with an address.

SIGNATURE: *Lee Hummel* PRES. DATE: **3-31-96** 407-651-6191

CR2E034 (12/95)