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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

4	996	N.	STATE OF THE PARTY	DIVISION OF	CON OUNTE		1				
DOCUN	MENT	# S199	933	(8)							
1. Corporation Name GENERAL FINANCIAL, INC.											
Principal Place	of Business		Mailii	ng Address				D JARII (1012) PAP 31010 10110 18160 111	INN 1411 WINES WIN	iii 81811 91811 911	ini didia sadi
1211 N. WEST		o .	121	1 N. WESTSHORE E	BLVD.						
#701			#7(TAL)1 MPA FL 33607					(lee De	te of Last Rep	
TAMPA FL 33	307		LOR	WIN IE O			3. Da	te Incorporated or Qualified 2/20/1990		4/14/1995	
6			28. 1	Mailing Address				l Number		A	oplied For
. Principal Pla	ice of Busine	355	26					59-3051697			ot Applicable
Suite, Apt.	, etc.		├	Suite, Apt. #, etc.			5. Ce	artificate of Status Desired			Additional equired
			27	City 9 State			6. Ek	ection Campaign Financing		\$5.00	May Be
City & State	I		28	Oity & State			Tr	ust Fund Contribution	L	Added	to Fees
Zip		Country		Zip	Country	/		nis corporation has liability f	for intangible res \ \ \ \ \ \ \ \ \ \ \	tax under s	199.032,
η <u> </u>		25	29		30			orida Statutes ame and Address of New		d Agent	
	9. Name	and Address of	Current Registe	ereo Agent	81	Name	10. 10	will be the second of 110.	<u> </u>		
1100E1 E	V MAVAIT				82	Stroot Ado	dress (P.O.	Box Number is Not Accep	otable)		
MUSELE	Y, WAYNE Westsho	: J. NDE RIVID			02	Sueerrac	uress (e.				
#701	112310110	TIL DEVD.			83						
										. 85 Zip	Code
	FL 33607				84	City					
TAMPA	FL 33607						poration sub	umits this statement for the	purpose of o	L bassing its re	noistered offic
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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 certify 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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR