

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 # **F80643** (2)

1. Corporation Name
GELARDI, INC.



Principal Place of Business
**MODERN TRANS
1442 SE 16TH PL
CAPE CORAL FL 33990
US**

Mailing Address
**MODERN TRANS
1442 SE 16TH PL
CAPE CORAL FL 33990
US**

3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 03/17/1995
4. FEI Number 59-2210638	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. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELARDI, JAMES A
5389 FAIRFIELD WAY
FT. MYERS FL 33919**

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

11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, VICKIE	12. NAME	
STREET ADDRESS	5389 FAIRFIELD WAY	13. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, JAMES A	16. NAME	
STREET ADDRESS	5389 FAIRFIELD WAY	17. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	18. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, JACQUELINE M	20. NAME	
STREET ADDRESS	5383 FAIRFIELD WAY	21. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	22. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, MICHAEL S	24. NAME	
STREET ADDRESS	6064 TIMBERWOOD CIR	25. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	26. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TR	27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, CHRISTINE M	28. NAME	
STREET ADDRESS	5389 FAIRFIELD WAY	29. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	30. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36. NAME	
STREET ADDRESS		37. STREET ADDRESS	
CITY-STATE-ZIP		38. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), 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 president or trustee or partner or proprietor, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an asterisk.

SIGNATURE:

J. Gelardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 941 772-8206
DATE TIME

CR2E034 (12/95)