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04-27-1999 90117 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46093**

1. Corporation Name
**GERAS ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN GERAS<br>4621 DEWEY DR.<br>NEW PORT RICHEY FL 34652 | C/O JOHN GERAS<br>4621 DEWEY DR.<br>NEW PORT RICHEY FL 34652 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1990

4. FEI Number: 59-2992814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GERAS, JOHN
4621 DEWEY DR.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GERAS, JOHN | | 1.2 NAME | |
| STREET ADDRESS | 4621 DEWEY DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | | 1.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** _____ 4-23-99 (727) 848-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)