## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 515010

(7)

**GERIL DEVELOPMENT CORPORATION** 

| Principal Place of Business | Mailing Address        |
|-----------------------------|------------------------|
| 857 VÁNCE CIRCLE NE         | 857 VANCE CIRCLE NE    |
| PALM RAY FL 32005           | PALM BAY FL 32905-5415 |

## **FILED** May 02 1997 8:00am Secretary of State



|                 |   |                                       |                                   |                                       |              |   | \  |                                |                 |               |  |
|-----------------|---|---------------------------------------|-----------------------------------|---------------------------------------|--------------|---|--|--------------------------------|-----------------|---------------|--|
| ;               |   |                                       |                                   |                                       |              |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1996                 |                                |                 |               |  |
| 2. Principal Pl | ace of Business   | 2a. Mailing                           | 2a. Mailing Address               |                                       |              |   | 4. FEI Number  | Applied For                    |                 |               |  |
| 21              |   |                                       |                                   |                                       |              |   | 59-1934153   |                                |                 | l Applicable  |  |
| Suite, Apt.     | #, etc.   | Suite, #                              | Suite, Apt. #. etc.               |                                       |              |   | 5. Certificate of Status Dosired   | \$8.75 Additional Fee Required |                 |               |  |
| City & State    | )   | City 8                                | City & State                      |                                       |              |   | 6. Election Campaign Financing   |                                | \$5.00          | May Be        |  |
| 23              |   | 28                                    |                                   |                                       |              |   | Trust Fund Contribution  |                                | Added           |               |  |
| Zip             | Country   | Zip                                   | Zip Co                            |                                       |              |   | 8. This corporation has liability for intangible tax under s. 199.032,               |                                |                 |               |  |
| 24              | 25  | 29                                    |                                   |                                       |              |   | Florida Statutes Yes No  |                                |                 |               |  |
|                 | 9. Name and Address of Current  |                                       | 10. Name and Address of New Re    | gistered Aç                           | gent         |   |  |                                |                 |               |  |
|                 | luessell, gerri r.  |                                       |                                   |                                       | 81           | Name  |  |                                |                 | l             |  |
|                 | NORTHEAST VANCE CIRCLE  |                                       |                                   | }                                     | 82           | B2 Street Address (P.O. Box Number is Not Acceptable) |  |                                |                 |               |  |
| PALA            | A BAY FL 32905  |                                       |                                   |                                       |              |   | bridge radices (i.e. box radinosi is not receptante)                                 |                                |                 |               |  |
| •               |   |                                       |                                   |                                       | 83           |   |  |                                |                 |               |  |
|                 |   |                                       |                                   |                                       | 84           | City  |  | Fi                             | <b>85</b> Zip i | Code          |  |
| 44 Dimension    | to the provinces of Postions 607.000  | 3 and 607 1500                        | Florido Statut                    | the et                                |              | nomed on  | reception as broite this eleterage for the   | * <b>-</b>                     | henning it      | o registere d |  |
| office or re    | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such<br>tions of Section  | i change was a<br>n 607.0505, Fid | es, me ac<br>authori≵ed<br>orida Stat | d by<br>utos | the corpor  | rporation submits this statement for the pation's board of directors. I hereby accep | of the appoi                   | ntment as       | registered    |  |
| SIGNATURE       | Signature, typed or printed name of registered ager                           | nt and fille if applicant             | le (NOI                           | t Hegistored                          | i Age        | nt signature req                                      | ured when reinstalling)  | DATE                           |                 |               |  |
| 12.             | OFFICERS AND  | DIRECTORS                             |                                   | 13.                                   |              | <del>-</del>  | ADDITIONS/CHANGES TO OFFIC   | ERS AND I                      | DIRECTOR        | IS IN 12      |  |
| TITLE           | P   |                                       | DELETE                            | 1.1 10                                | 1LE          |   |  |                                | Change          | Addition      |  |
| NAME            | SCHLUESSELL, GERRI R.   |                                       |                                   | 1.2 NA                                | MF           |   |  |                                |                 |               |  |
| STREET ADDRESS  | 857 VANCE CIRCLE NE   |                                       |                                   | 1,3 \$1                               | REET         | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     | PALM BAY FL   |                                       | 1,4 (-1)                          | 1,4 CHTY - ST - ZIP                   |              |   |  |                                |                 |               |  |
| TITLE           | 8   |                                       | DELETE                            | 2.1 To                                | ILE          |   |  |                                | Change          | Addition      |  |
| NAME            | SCHLUESSELL, ALLIS T.   |                                       |                                   | 2.2 NA                                | AME          |   |  |                                |                 |               |  |
| STREET ADDRESS  | 982 MARIPOSA DR NE  |                                       |                                   | 2.3 ST                                | REFT         | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     | PALM BAY FL   |                                       |                                   | 2, 4 C                                | ITY - S      | ST-ZIP  |  |                                |                 |               |  |
| TITLE           | V   |                                       | DELETE                            | 3.1 TJ                                | TLE          |   |  |                                | Change          | Addition      |  |
| NAME            | FLOYD, DAVID W.   |                                       |                                   | 3.2 NA                                | AME          |   |  |                                |                 |               |  |
| STREET ADDRESS  | 857 VANCE CIRCLE NE   |                                       |                                   | 3 3 ST                                | HEET         | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     | PALM BAY FL   |                                       |                                   | 34,0                                  | (TY-9        | ST - ZIP  |  |                                |                 |               |  |
| TITLE           |   | 77000                                 | DELETE                            | 4.1 11                                | 111          |   |  | Į.                             | Change          | Addition      |  |
| NAME            |   |                                       |                                   | 4. 2 N                                | AME          |   |  |                                |                 |               |  |
| STREET ADDRESS  |   |                                       |                                   | 4.3 S1                                | IRLET        | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     |   |                                       |                                   | 4.4 CI                                | TY-S         | ST- ZIP   |  |                                |                 |               |  |
| TITLE           |   | , , , , , , , , , , , , , , , , , , , | DELETE                            | 5.1 111                               | 1LE          | 1   |  |                                | Change          | Addition      |  |
| NAME            |   |                                       |                                   | 5.2 NA                                | AME          |   |  |                                |                 |               |  |
| STREET ADDRESS  |   |                                       |                                   | 5.3 \$1                               | IREE T       | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     |   |                                       |                                   | 5.4 CI                                | 1Y-S         | T-ZIP   |  |                                |                 |               |  |
| TITLE           |   |                                       | DELETE                            | 5.1 N                                 |              |   |  |                                | Change          | Addition      |  |
| NAME            |   |                                       |                                   | 6.2 N/                                | AME          | )   |  |                                |                 |               |  |
| STREET ADDRESS  |   |                                       |                                   | 6.3 S1                                | HEET         | ADDRESS   |  |                                |                 |               |  |
| CITY-ST-ZIP     |   |                                       |                                   |                                       |              | ST - ZIP  |  |                                |                 |               |  |
|                 |   |                                       |                                   |                                       | - ~          |   | ······································   |                                |                 |               |  |

I do hereby certify that the information supplied with this filling 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 eath; 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.