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

FILED Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (2)J96716 1. Corporation Name GERI ENTERPRISES, INC. Principal Place of Business Mailing Address 4851 GODFREY ROAD 4851 GODFREY ROAD POMPANO BEACH FL 33067 POMPANO BEACH FL 33067 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/08/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0010379 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No Country 24 30 Personal Property Tax due June 30. Yes 25 20 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name LAPIERRE, GERARD **4851 GODFREY ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33067 83 84 City Zip Code 85 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 Signature, typed or pumbst harne of respectence agent and title it applicable (NOTE Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE LAPIERRE, GERARD NAME 1.2 NAME **4851 GODFREY ROAD** STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITL€ LAPIERRE, RITA NAME 2.2 NAME 4851 GODFREY ROAD STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

954-753-6641

Addition