

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Linda B. Norton  
Secretary of State  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

95 MAY - 1 AM 2:11

**DOCUMENT # K03617 (3)**  
1. Corporation Name  
**GEVA DEVELOPMENT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
1/1 MORDECHAI BOAZIZ 2001 COLLINS AVE MIAMI BEACH FL 33139		1/1 MORDECHAI BOAZIZ 2001 COLLINS AVE MIAMI BEACH FL 33139		11/24/1987	04/28/1994
21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	2a	65-0026143	Not Applicable		
22. State Apt # etc	2a. State Apt # etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	2a	<input type="checkbox"/>			
23. City & State	2a. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	2a	<input type="checkbox"/>			
24. Zip	25. Country	8. This corporation has liability for intangible tax under S. 199 (1)(2) Florida Statutes			
24	25	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOAZIZ, MORDECHAI 2001 COLLINS AVE. MIAMI BEACH FL 33139				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 197, 197.02, and 197.150B, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as is set forth 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 197.05(b), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST BOAZIZ, MORDECHAI 2450 NE MIAMI GDNS DR. MIAMI BEACH FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

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 199 (1)(3)(B), Florida Statutes. I further certify that the information included 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 1877, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change of control statement with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 5310761  
Date Signature