

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K81090** (8)

1. Corporation Name
GERANDS, INC.



Principal Place of Business

Mailing Address

**SAM M. HASPEL, JR.
17358 VIA CAPRI EAST
BOCA RATON FL 33496**

**P O BOX 11425
17358 VIA CAPRI EAST
MEMPHIS TN 38111
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 **PO BOX 11425**
27 Suite, Apt. #, etc.
28 **MEMPHIS, TN**
29 **38111**
30 **US**

3. Date Incorporated or Qualified **04/18/1989** 3a. Date of Last Report **04/14/1995**
4. FEI Number **65-0116064** 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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**HASPEL, SAM JR.
17358 VIA CAPRI EAST
BOCA RATON FL 33496**

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 612.01(4) and 612.01(5)(b) 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 and hereby accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 602.02(2)(b), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HASPEL, SAM JR.	
STREET ADDRESS	17358 VIA CAPRI EAST	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASPEL, GERALDINE F.	
STREET ADDRESS	17358 VIA CAPRI EAST	
CITY, ST, ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is correctly furnished and I do not accept any liability for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this annual report or supplemental report is true and correct 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 a member or trustee, empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a fee.

SIGNATURE: *Sam Haspel, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 901 685 0995
Date Filed

CR2E034 (12/95)