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

*PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L92862 DOCUMENT #
1. Corporation Name

(6)

G.E.R. ENTERPRISES, INC.



Principal Place of	Business	Mailing Ad	ddress			1 1991/91 212 1918 1921 1919 1919			
1100 PARK CENTRAL BLVD S P O BO #1700 #1700									
POMPANO BEACH FL 33064		POMP US	POMPANO BEACH FL 33061 US			3. Date Incorporated or Qualified 07/26/1990	Oualfied 3a. Date of Last Report 05/01/1995		
. Principal Place	e of Business	2a. Mailin	g Address			4. Ft. Number		Applied For	
]		26				65-0217521 Not Applic		Not Applicable	
Suite, Apt. #,	etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	7	e Required	
City & State		J	State			6. Election Campaign Financing	\$5	.00 May Be	
City & State		28				Trust Fund Contribution		ded to Fees	
<u>I</u>	Country	Zırı		Country		8. This corporation has liability for	intangible tax unde No	rs 199.032,	
]	25	29		30		Florida StatutesYes 10. Name and Address of New F			
	9. Name and Address of Currer	t Registered	Agent	81	Name	10. Name and Address of Note 1	togistored regent		
							::-		
	ISON, G.E., JR.			82	Street Addr	lress (P.O. Box Number is Not Acceptable)			
1100 PARK CENTRAL BLVD S SUITE #1700				83					
	NO BEACH FL 33064				City	ativ 85 Zip Code			
				84	'	ration submits this statement for the pu			
12.		ID DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC		
TITLE	DP		☐ DEFE1E				E Cia	igi: 🗀 xadillon	
NAME	ROBERTSON, G.E., JR.			1.2 NAME	1 ADDRESS	"J .			
STREET ADDRESS	216 NE 8 ST POMPANO BEACH FL			1.3 STPET		110 \ 0			
CITY-ST-ZIP TITLE	FORENITO DENOTITE		DELETE	2 1 THLF		XX 1 . 1 . 1 . 1 . 1 . 1	Char	nge 🔲 Addition	
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STREET ADDRESS				23 STREE	T ADDRESS	V 2 2 (12)			
CITY-ST-ZIP				2.4 CITY -	ST-ZIP		☐ Cha	nge 🔲 Addition	
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NAME				3.2 NAME	1	0			
STREET ADDRESS				li i	ET ADDRESS	γ "			
CHTY - ST - ZIP			DELETE	3.4 CHTY 4.1 THE			☐ Cha	nge 🔲 Addition	
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STREET ADDRESS City-St- <i>t</i> ip				4.4 CiTy	SI-ZIP				
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NAMÉ				5.2 NAM					
STREET AODRESS					EL ADDRESS				
CITY - S1 - 2IF			C Dever	5 4 CITY			[] Cha	inge 🔲 Additio	
TITLE			☐ DELETE	6 1 ML 6 2 NAV					
NAME					FT AUDRESS				
STREET ADDRESS				6.4.017	ST 71P				
CITY-ST-ZIP	Legitify that the information supplie	d with this filma	is voluntarily	furnished and o	pes not qualify	for the exemption stated in Section 11	19 07(3)(k), Florida 5	Statutes I further	

certify that the information supplied with this annual report or supplemental and does not quarry for the exemption stated in Section 119 or (A)(N). Fronda Statutes 114 defined certify that the information indicated on this annual report or supplemental annual report is true and accurate and that his 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 trusted 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

BIGNATURE AND TYPES OF PRINTED NAME OF SYNING OFFICER OR DIRECTOR