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 # L9430

(4)

	GENERATIONS, INC.	Mailing Address				
912 HALEAH ST 912 HALEAH ST		_				
				3. Date Incorporated or Qualified 08/07/1990	3a. Date of Last Rep 05/01/1996	ort
L-w	face of Business	2a. Mailing Address		4. FEI Number	 	ied For
21		26		59-3026579		Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Add	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 м	
23 Zip	Country		Country	Trust Fund Contribution	Added to	
24	25 Country	}¬ }	30	8. This corporation has liability to Florida Statutes	or intangible tax under s. 1. Yes No	99.032,
<u> </u>	9. Name and Address of Currer		301	10. Name and Address of New		
TRE	NT, SHARON		81 Name	CHALD LIEBERMAN		
	HIBISCUS AVE:		82 Street A	ddress (P.O. Box Number is Not Accep	table)	
ME	RRITT ISLAND FL 32955		9/	2 HIALEAH STREET	<u>r : </u>	
			83			1
			84 City		B5 Zip Co	de
			<u> </u>	ockiedge	FL 3298	55
Fig. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607,1508, Florida Statute e of Florida. Such change was a	is, the above-named outhorized by the corp	corporation submits this statement for the oration's board of directors. I hereby according to the control of t	e purpose of changing its r cept the appointment as re	egistered gistered
agent La	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	- 		
SIGNATURE	Signature typed or posted name of registered ago	EKMAN, PRES	Regislered Age it signature i	equired then reinstalling)	4-25-97 DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OF		IN 12
TOLE	DP	DELETE	1.1 TITLE	DPT	Change :	Addition
NAME	LIEBERMAN, RONALD		1,2 NAME]
STREET ADDRESS	912 HIALEAH ST		1,3 STREET ADDRESS			
C(TY+ST-Z)P	ROCKLEDGE FL		1.4 CITY-ST-ZIP			
TILLS	DT	☐ DELETE	2.1 TITLE	28	Change	Addition
NAME	LIEBERMAN, HELENA		22 NAME			
STREET ADDRESS	912 HIALEAH ST		2 3 STREET ADDRESS			[
Cily-St-ZiP	ROCKLEDGE FL		2. 4 CITY - ST - ZIP			
TITLE	-D\$	☐ DELETE	3.1 TITLE	V.P.	Change	Addition
NAME	-TRENT; SHARON		3.2 NAME	COLIN LIBERRANN		
STREET ADDRESS	.387 HIBISCUS AVE.		3.3 STREET ADDRESS	412 HINLEAN ST		Į.
CITY-S7-78	MERRITT ISLAND FL.		3.4. CITY-ST-ZIP	ROCKIEDOS, FLH.		
THE	ļ	☐ DELETE	4.1 TITLE		∟ Change	Addition
NAMt:			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY ST ZIF		The same	4 4 CiTY-ST-ZiP		——————————————————————————————————————	- I delete
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAM(5.2 NAME			1
STREET ADORESS			5.3 STREET ADDRESS			Į
CITY ST ZIP		[] Britte	5.4 CITY-ST-ZIP		Change	Addition
TI'LE	1	DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			ľ

6.4 CITY-ST-ZIP

14. I do hereby 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

SIGNATURE:

CiTy - S1 - 781

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4-25-47

41-633-5533

FILED

May 06 1997 8:00am

Secretary of State