

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M20316** (9)

1. Corporation Name
US GEEZ INC.



Principal Place of Business
**135 BROWARD MALL
C/O COHEN'S OPTICAL
PLANTATION FL 33388
US**

Mailing Address
**135 BROWARD MALL
C/O COHEN'S OPTICAL
PLANTATION FL 33388
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

24

29 Zip

30 Country

g. Name and Address of Current Registered Agent

**GARDNER, AUDREY
C/O US GEEZ INC
135 BROWARD MALL
PLANTATION FL 33388**

3. Date Incorporated or Qualified
09/06/1985

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2587381

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

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in Block (see page 1a) (Mandatory)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GARDNER, AUDREY
3088 BERMWOOD LANE
HOLLYWOOD FL
D
GERTLER, LEONA
19707 NE 36TH CT.
N. MIAMI BEACH FL
P
GARDNER, MARC
8509 NW 9 PL
PLANTATION FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), 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. I am signed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC GARDNER, Pres.

DATE

Daytime Phone

**2-13-96
954-4724777**

CR2E034 (12/95)