

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M26665** (3)

1. Corporation Name
GEERLINGS SOUTHEAST, INC.



Principal Place of Business: **19901 SW 248TH ST. HOMESTEAD FL 33031**
Mailing Address: **19901 SW 248TH ST. HOMESTEAD FL 33031**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 State Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: **01/30/1986**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **22-2619220**
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

**FLETCHER, PAUL G.
BARNETT BANK PROFESSIONAL BLDG.
1500 SOUTH DIXIE HIGHWAY STE 200
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 and 607.1106, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0596, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: OFFICER DIRECTOR
NAME: **P JANSEN, PETER R.**
STREET ADDRESS: **496 WILLIAM ST.**
CITY, STATE, ZIP: **PISCATAWAY NJ 08854-**
2. TITLE: OFFICER DIRECTOR
NAME: **S JANSEN, MARIA E.**
STREET ADDRESS: **496 WILLIAM ST.**
CITY, STATE, ZIP: **PISCATAWAY NJ 08854**
3. TITLE: OFFICER DIRECTOR
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
4. TITLE: OFFICER DIRECTOR
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
5. TITLE: OFFICER DIRECTOR
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, STATE, ZIP: _____
5. TITLE: Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. TITLE: Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, STATE, ZIP: _____
13. TITLE: Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, STATE, ZIP: _____

14. I 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 reports 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 a registered agent 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 of a report or supplemental report with an address.

SIGNATURE: *Bruce Blaisdell* **Bruce Blaisdell Controller** 1-30-96 908-752-2500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY, MONTH, YEAR

CR2E034 (12/95)