


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000002519 (6)			
1. Corporation Name G.E.A.B., INC. M.D. NATHAN, INC. N/C 2/14/97			
Principal Place of Business 27032 MARIPOSA ROAD SUMMERLAND KEY FL 33042		Mailing Address 27032 MARIPOSA ROAD SUMMERLAND KEY FL 33042-5318	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BENSON, WILLIAM H ONE FINANCIAL PLAZA SUITE 1602 FT. LAUDERDALE FL 33394-1697		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. I hereby 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 name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NATHAN, M D	1.2 NAME	
STREET ADDRESS	27032 MARIPOSA ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERLAND KEY FL 33042	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	ZACCARIA, J	2.2 NAME	
STREET ADDRESS	1420 SHERIDAN ST. H-21	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	SHIVELY, S D	3.2 NAME	
STREET ADDRESS	27032 MARIPOSA ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERLAND KEY FL 33042	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: M.D. NATHAN		4-10-97 305-872-2275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)