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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300067484 (4)

GENSCAT, INC.

Principal	Place (of Bus	siness

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



CORAL SPRING		CORAL SPRINGS FL 3307	1-4104				
					3. Date Incorporated or Qualified 09/20/1993	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	\dashv
21		26			65-0442201	Not Applicab	ole
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May 8e	-1	
23		28	28		Trust Fund Contribution	☐ Added to Fees	
Zip	Country	Zip	Zip Country ·		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29 30			Florida Statutes 🔀 Yes 🔲 No		
<u> </u>	g. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	jistered Agent	
	REFF, SARA SUE		8	1 Name			- 1
11622 NW 13TH MANOR		8	2 Street A	ddress (P.O. Box Number is Not Acceptab	ie)		
COR	VAL SPRINGS FL 33071						
			8	3			
į				4 City		85 Zip Code	
<u></u>],			
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abc	ve-named c	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registere)d
agent. I a	m familiar with, and accurpt the oblig:	ations of, Section 607.0505, Fi	orida Statut	oy the corpc es.	bration's board of directors, I hereby accep	t the appointment as registered	'
SIGNATURE	Area due	112011					
<u> </u>	Striature, typed or printed name of registered ago	nt and little if applicating (NO1	E. flagistered A	gent signature re	equired when rainstaling)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		8
TITLE	P. LOT OLLABORE	☐ DELFTE	1.1 1011.6			Change Addition	on
NAME	ELLIOT SHAREFF		1,2 NAM	1	ELLIOT SHAKKEF	•	5
STREET ADDRESS	4774 N. CONGRESS AVE		1.3 \$7RE	EL ADDRESS	11622 N.W. 13TH MANA	L	[5
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY	· \$1 - 2(P	CORPL STRINGS, FL 37	<u>ا ۲۰۰</u>	
TITLE	S	☐ DELETE	2.1 TITLE		~	🔀 Change 🔲 Additii	on C
NAME	SARA SUE SHAREFF		2.2 NAM	<u>:</u>	SIAKA SUE SHAKKFF		
. STREET ADDRESS	4774 N. CONGRESS AVE		2.3 S1RE	ET ADDRESS	11622 N.W. 13TH MANON	5	
CITY-ST-ZIP	LANTANA FL 33462		2. 4 Cilly	- \$1 - 2IP (COMPL SYMNES, FL 380	7/	
TITLE		☐ DELETE	3.1 11116		•	☐ Change ☐ Addition	on
NAME			3.2 NAM				- 1
STREET ADDRESS			3.3 STRE	E1 ADORESS			
CITY-ST-ZIP			34 CITY	- S1 - ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	on
NAME		•	4. 2 NAM	ι			-
STREET ADORESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	on
NAME			5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CHY	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	on
NAME			62 NAM				
STREET ADDRESS			63 STRE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY	S1 · ZIP			

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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.