

**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 # P95000043645 (7)**

1. Corporation Name  
**GERDUNG SERVICES, INC.**



Principal Place of Business: **22739 HORSESHOE WAY BOCA RATON FL 33428**  
Mailing Address: **22739 HORSESHOE WAY BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **05/30/1995**      3a. Date of Last Report  
4. FEI Number: **65-0589014**      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

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

**9. Name and Address of Current Registered Agent**

**GERDUNG, ROBERT  
22739 HORSESHOE WAY  
BOCA RATON FL 33428**

**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 607.1505, 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GERDUNG, NANCY</b>	
STREET ADDRESS	<b>22739 HORSESHOE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GERDUNG, ROBERT</b>	
STREET ADDRESS	<b>22739 HORSESHOE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (if changed), or on an attachment with an address.

SIGNATURE: *Robert Gerdung Pres.*      1/28/96      407-852-7102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)