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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000049135 (2)

GENSCAT II, INC.

Principal	Place of	Business
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Mailing Address

11822 P.W. 19TH MANOR DORAL BPRINGS FL 89071

11622 N.W. 13TH MANOR CORAL SPRINGS FL 33071-4104

FILED Apr 25 1997 8:00am Secretary of State



					J.			
					 Date Incorporated or Qualified 06/07/1996 	3a. Dat	e of Last R	eport
وعليت	Place of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26			65-0674455			ot Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	le Transfer	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	Zip 29	Counti	ry	This corporation has liability for in Florida Statutes	intangible t		. 199.032,
	g, Name and Address of Current	t Registered Agent	1		10. Name and Address of New Re	gistered A	gent	
SHA	VREFF, SARA SUE		8	i Name				
	22 N.W. 13TH MANOR		ļ_			 		
	RAL SPRINGS FL 33071		8:	2 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
· QQI	AP & UNITED I C OOCT I		8	3				
			8	4 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the p	ournose of i	hanging it	ts registered
office of i	registered agent, or both, in the State i am familiar with, and accept the collina	of Florida. Such change was ditions of, Sortion 607.0505, Fl	authorized t orida Statuti	by the corpora es	tion's board of directors. I hereby accep	ot the appo	intment as	registered
	Signature, typod or prioted name of registered ager				rited when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12
TITLE	D	DELLTE	1.1 1171.5	1			Change	Addition
NAME	SHAREFF, ELLIOT		1.2 NAMI	:				
STREET ADDRESS	11622 N.W. 13TH MANOR		1.3 STRE	ET ADDRESS	,			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	-S1 - ZIP				[
TITLE	0	DELETE	2.1 TITLE				Change	Addition
NAME	SHAREFF, SARA SUE		2.2 NAMI					
STREET ADDRESS	11622 N.W. 13TH MANOR		2.3 STRE	ET ADDRESS		÷	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY	1				
TITLE		DELETE	3.1 1/11/				Change	Addition
NAME			3.2 NAMS				_ ,	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. C(1)					
TITLE		DELETE	4.1 Total				Change	Addition
NAME			4. 2 NAM	E.			-	
STREET ADDRESS	1			ET ADDRESS				1
CITY-ST-ZIP	ļ		4.4 City	1				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					ł
TITLE	<u> </u>	DELETE	6.1 HILE			[Change	Addition
NAME			6.2 NAME				·	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CHY					
	by partify that the information aurantage	dustify this filing does not quali			d in Postion 110 07(2Vi). Florida Statuta	- 14.41.41	a martiful tile and	<u></u>

no nereby 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attadiument with an address

CNATURE:

When this report is stored in Section 119.07(3)(i), Florida Statutes. I further certify that the exemption is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attadiument with an address.

CNATURE: