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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049135 (2)

1. Corporation Name  
GENSCAT II, INC.

Principal Place of Business  
11622 N.W. 13TH MANOR  
CORAL SPRINGS FL 33071

Mailing Address  
11622 N.W. 13TH MANOR  
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

2. Principal Place of Business

2a. Mailing Address

21 1331 UNIVERSITY DRIVE

26 Suite, Apt. #, etc.

22 City & State  
CORAL SPRINGS, FL

27 City & State

23 Zip  
33071

28 Zip  
Country

24 Country

29 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAREFF, SARA SUE  
11622 N.W. 13TH MANOR  
CORAL SPRINGS FL 33071

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SHAREFF, ELLIOT  
STREET ADDRESS 11622 N.W. 13TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D  
NAME SHAREFF, SARA SUE  
STREET ADDRESS 11622 N.W. 13TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I 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:

REQUIRED

CR2E034 (10/97)