

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000080190 (7)**

1. Corporation Name
GESTATION, INC.

Principal Place of Business
**1975 EAST SUNRISE BLVD
SUITE 507 528
FORT LAUDERDALE FL 33304**

Mailing Address
**1975 EAST SUNRISE BLVD
SUITE 507 528
FORT LAUDERDALE FL 33304-1433**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0699427	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STONE, MICHAEL 1975 EAST SUNRISE BLVD SUITE 507 528 FORT LAUDERDALE FL 33304		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	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL STONE	1.2 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. SUITE 528 507	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH EXUM	2.2 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. SUITE 528 507	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAITH HANDYSIDE	3.2 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. SUITE 528 507	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE WHITE	4.2 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. SUITE 528 507	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. HUGHES	5.2 NAME	
STREET ADDRESS	421 SEVENTH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10001	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK HATTEN	6.2 NAME	
STREET ADDRESS	1271 SOUTH BROAD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WALLINGFORD, CT 06492	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0280626

CR2E034 (9/96)