

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000080190 (7)**

1. Corporation Name  
**GESTATION, INC.**



Principal Place of Business <b>1975 EAST SUNRISE BLVD SUITE 528 FORT LAUDERDALE FL 33304</b>	Mailing Address <b>1975 EAST SUNRISE BLVD SUITE 528 FORT LAUDERDALE FL 33304</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/25/1996</b>	
4. FEI Number <b>65-0699427</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STONE, MICHAEL 1975 EAST SUNRISE BLVD SUITE 507 FORT LAUDERDALE FL 33304</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE MICHAEL F. STONE 4-24-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STONE, MICHAEL		1.2 NAME	RALPH CARBONE			
STREET ADDRESS	1975 EAST SUNRISE BLVD., STE. 528		1.3 STREET ADDRESS	101 EAST SUMMER ST.			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	PLANTSVILLE, CT			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EXUM, JOSEPH		2.2 NAME				
STREET ADDRESS	1975 EAST SUNRISE BLVD., STE. 528		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANDYSIDE, FAITH		3.2 NAME				
STREET ADDRESS	1975 EAST SUNRISE BLVD., STE. 528		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, ELAINE		4.2 NAME				
STREET ADDRESS	1975 EAST SUNRISE BLVD., STE. 528		4.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGHES, JOHN W		5.2 NAME				
STREET ADDRESS	4221 SEVENTH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATTEN, MARK		6.2 NAME				
STREET ADDRESS	1271 SOUTH BROAD STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	WALLINGCFORD CT		6.4 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: MICHAEL F. STONE 4/24/98 854-525-5925

CR2E034 (10/97)