

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90132 040 ***150.00

DOCUMENT # P96000080190

1. Corporation Name
GESTATION, INC.

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

Mailing Address
1975 EAST SUNRISE BLVD
SUITE 507
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

65-0699427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

SUITE 534

26 Suite, Apt. #, etc.

SUITE 534

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, MICHAEL
1975 EAST SUNRISE BLVD
~~SUITE 507~~ SUITE 534
FORT LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 534

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 PD
NAME STONE, MICHAEL
STREET ADDRESS 1975 EAST SUNRISE BLVD., STE. ~~507~~ 534
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1975 EAST SUNRISE BLVD, SUITE 534
1.4 CITY-ST-ZIP

TITLE VP
NAME EXUM, JOSEPH
STREET ADDRESS 1975 EAST SUNRISE BLVD., STE. 528
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME HANDYSIDE, FAITH
STREET ADDRESS 1975 EAST SUNRISE BLVD., STE. 528
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CARBONE, RALPH
STREET ADDRESS 101 EAST SUMMER ST
CITY-ST-ZIP PLANTSVILLE CT

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HUGHES, JOHN W
STREET ADDRESS 4221 SEVENTH AVE.
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HATTEN, MARK
STREET ADDRESS 1271 SOUTH BROAD STREET
CITY-ST-ZIP WALLINGFORD CT

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 5 BROOKSIDE DRIVE
6.4 CITY-ST-ZIP WALLINGFORD, CT. 06492

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: MICHAEL F. STONE APRIL 26, 1999 525-5955

CR2E034 (11/98)