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 # P96000100848 (6)

GEROVITAL, INC.

Principal Place of Business Mailing Address

6501 PARK OF COMMERCE BLVD. STE 230

6501 PARK OF COMMERCE BLVD. STE 230

FILED
Jun 18 1997 8:00am
Secretary of State

561 995-7110

2-10-97



BOCA RATON	FL 33487		BUCA HATUN F	L 33407-0214								
								3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1996				
2. Principal F	lace of Busin	ness	2a. Mailing Address					4. FEI Number	38796	_	· ·	pplied For
21			26					05'01.	20116	? 		ot Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of St	atus Desired			Additional equired
City & Stat	te		City & State					6. Election Campa	aign Financing		\$5.00	May Be
23			Zip Country					Trust Fund Con	tribution		Added	to Fees
Zip			Country			8. This corporation	·			s. 199.032,		
24		25	29	30				Florida Statutes		Yes [
		and Address of Curren	it Registered Ageni	<u> </u>	81	Non		10, Name and Add	ress of New He	gisterea A	.geni	
D'ESPIES, KEVIN J ESQ. 1212 SOUTHEAST FIRST AVE. FORT LAUDERDALE FL 33316-1802						81 Name						
						Stre	et Addres	s (P.O. Box Number	is Not Acceptab	le)		
						63						
					84	City				 	85 Zip	Code
4		· · · · · · · · · · · · · · · · · · ·				<u> </u>				<u>FL</u>	 	
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 little V applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	Organista C. typico	OFFICERS AN		T.	13.				ANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	011102.107111		DELETE	1.1 TITLE						Change	☐ Addition
NAME	COLBY, N	MORTON	_		1.2 NAME		1					
STREET ADDRESS 6501 PARK OF COMMERCE BLVD. STE 230						1.3 STREET ADDRESS						
	CITY-ST-ZIP BOCA RATON FL 33487					1.4 CITY - ST - ZIP						i
TITLE				DELETE	2.1 TITLE	31 21					Change	Addition
NAME				ı	2.2 NAME							
STREET ADDRESS					2.3 STREET	LADDRES	ss					
CITY-ST-ZIP				f	2. 4 CITY -							
TITLE				DELETE	3.1 TITLE						Change	☐ Addition
NAME				i i	3.2 NAME							
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CITY-ST-ZIP					3.4. CITY -	ST-2IP						
TITLE				DELETE	4.1 TITLE						Change	☐ Addition
NAME					4. 2 NAME							
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CITY-ST-ZIP					4.4 C(TY - S	ST - ZIP						
TITLE	 			DELETE	5.1 TITLE						Change	Addition
NAME					5.2 NAME							
STREET ADDRESS		÷		ŀ	5.3 STREET	T ADDRES	ss					
CITY-ST-ZIP					5.4 CITY-9	ST-ZIP						
TITLE	† · · - ·			DELETE	6.1 TITLE		1				Change	Addition
NAME				1	6.2 NAME							
STREET ADDRESS					6.3 STREET	T ADDRES	ss					
CITY-ST-ZIP					6.4 CITY - S							
14 I do here	by certify tha	at the information supplie	d with this filing doe	s not qualify fo	r the exe	oilame	n stated in	Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
information in an o	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.											