

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:57

DOCUMENT # **S24993 (5)**  
1. Corporation Name  
**GERASH ENTERPRISE, INC.**

Principal Place of Business: **1006 PINEHAVEN COURT BRANDON FL 33511**  
Mailing Address: **1006 PINEHAVEN COURT BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1991**  
3a. Date of Last Report: **01/20/1994**

4. FEI Number: **59-3071698**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent  
**SHARMA, SEWNARINE  
1006 PINEHAVEN COURT  
BRANDON FL 33511**

10. Name and Address of Now Registered Agent  
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 607.0503 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 of Registered Agent, if registered agent is not the Secretary of State)

(Signature of Registered Agent, if registered agent is not the Secretary of State)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>SHARMA, SEWNARINE</b>
STREET ADDRESS	<b>1006 PINEHAVEN CT.</b>
CITY, ST, ZIP	<b>BRANDON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I am not qualified for the exemptions stated in Sections 199.032(4)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the registered agent or authorized representative of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on another report with an address.

SIGNATURE: *Sewanine Sharma (SEWNARINE SHARMA) Jan 12/95 (815) 657-2551*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR