

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/14/1991**
3a. Date of Last Report: **01/17/1995**
4. FEE Number: **59-3071698**
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

9. Name and Address of Current Registered Agent

**SHARMA, SEWNARINE
1006 PINEHAVEN COURT
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

(Print Name of Registered Agent)

(Print Name of Signer)

(Date)

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **SHARMA, SEWNARINE**
STREET ADDRESS: **1006 PINEHAVEN CT.**
CITY, ST, ZIP: **BRANDON FL**

2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

2. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: *S. Sharma* (S. SHARMA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9/96 (813) 654-2551
DATE

CR2E034 (12/95)