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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V09839

(4)

THE JERISU CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 31 1997 8:00am Secretary of State



2146 CORK OAK ST SARASOTA FL 34232		2146 CORK OAK ST SARASOTA FL 34232-6800			·			
					3. Date incorporated or Qualified 01/27/1992	3a. Dat	e of Last 4/1996	
i	Pace of Business	2a. Mailing Address			4. FEI Number			Applied For
	7 Horseshoe Ct	26 5	····		65-0312295			Not Applicable
Suite, Apt	#, etc	Suile, Apr. # Apr.			5. Certificate of Status Desired S8.75 Additional Fee Required			
23 <b>S</b> O4	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
				Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Re	gistered A	gent	
	MAN, GERALD		81	Name				
2146 CORK OAK ST SARASOTA FL 34232				Street /				
			83		•			
			84	City		FL	85 Zı	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abov	e-named	corporation submits this statement for the	ourpose of o	changing	its registered
agent. Fa	im familiar with, and to cept the obliga	tions of Section 607.0505, F	Torida Statute	y trie corμ S.	poration's board of directors. I hereby acce	рине арро	munent e	is registered
SIGNATURE	Veral					3	<u>-25</u>	·97
12.	Signar (1997) or printed induce of registered agen OFFICERS AND		TE Registered Ag	ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIDECT	ADC IN 10
TITLE	P OF TOURS AND	DELETE	1.1 TITLE		. •	^	Change	
NAME	EISMAN, GERALD	•	1.2 NAME		Elsman, GEral	Q `	<b></b>	
STREET ADDRESS	2146 CORK OAK STREET		1.3 STREE	T ADDRESS	22/2 Marca Res CT	•		
CITY - ST - ZIP	SARASOTA FL		1.4 CITY -	ST-ZIP	Sarable Fl	2423	45	
TITLE		DELETE	2.1 TITLE			<del></del>	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				ļ
CHY SI ZIP			2. 4 CITY-	ST-ZIP				
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NAMÉ			3.2 NAME	1				
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CITY-ST-7-P			5.4 CITY-	· I				
T ILE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREE	ADDRESS				-
CITY-ST-ZIF			6.4 CHTY-	ST-ZIP				
4.4								

4. 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 change for on an attachment with an address.

SIGNATURE:

GAWURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97 (941)378.2488