## NOW, EILING EEF AFTER MAY 1ST IS \$550.00

LORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800002363

THE GELD GROUP, INC.

Principal Place of Business

Mailing Address

8100 BOSWELL BD SHITE 101

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90079 037 \*\*\*150.00



ATLANTA GA 30350 ATLANTA GA 30350			DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 04/24/1998				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For 58-2036491 Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1,-	5. Certifcate of Status Desired   \$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country		ountry	8. This corporation owes the current year Intangible Personal Property Tax.				
			10. Name and Address of New Registered Agent				
9 Name and Address of Current Registered Agent GRENVICZ, DAN L 4440 SANDPEBBLE TRACE #303		81 N	Name				
		<b>82</b> S	32 Street Address (P.O. Box Number is Not Acceptable)				
STUART FL 34996		83	· · · · · · · · · · · · · · · · · · ·				
•			City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes, the	above-na	named corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered				

office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. 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: Regi	stered Agent signature req	uired when reinstating) .		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO C	FFICERS AND	DIRECTOR	S IN 12
TITLE		ELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME	GRENVICZ, EDWARD		1.2 NAME					
STREET ADDRESS	11 ASCOT MANOR	1	1.3 STREET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30327		1.4 CITY-ST-ZIP				Change	Addition
TITLE	S	ELETE	2.1 TITLE				☐ ¢liange	
NAME	BIVENS, L. BROWN		2.2 NAME					İ
STREET ADDRESS	5040 ROSWELL RD		2.3 STREET ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30342		2.4 CITY-ST-ZIP	<u> </u>			Change	Addition
TITLE	; D	ELETE	3.1 TITLE				[ Cuange	
NAME			3.2 NAME			•		Į
STREET ADDRESS			3.3 STREET ADDRESS		•		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del>		Channe C	Addition
TITLE		ELETE	4.1 TITLE	,		* **	Change	L) Accilion (
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				Change	Addition
TITLE		DELETÉ	5.1 TITLE	•	,	•		☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					,
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition
TITLE		DELETE	6.1 TITLE				☐ Change	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					•
CITY-ST-ZIP			6.4 CITY-ST-ZIP	:- Codies 410 07/2)/i)	<del></del>	16.45	if, that the in	formation

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.

CR2E034 (11/98)