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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000073808	(4)
1 Compression Name		•

Corporation Name

GELLYA, INC.

	of Business	Mailing Address			I IN BISENT UND EBITOT BESTIT DE BITOT			
2709 ROCKY	POINT DRIVE 4441 GUAN	HWY 2709 BOCKY POINT DAIN	ie San	ne				
SUITE 102 Tampa FL 33	POINT DAIVE 4441 GUAN TAMPA FL 3362	SUDE 102 Y TAMPA FL 33601			Date Incorporated or Qualified     09/25/1995	3a. Date	of Last Re	eport
. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		h	Applied For
]		26			59-333981	<u> </u>		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.0	May Be
	,	28			Trust Fund Contribution		Adde	d to Fees
Zip:	Country	Zip	Country	,	8. This corporation has liability for i	ntangible tax	under s	199.032,
İ	25	29	30		Florida Statutes Yes  10. Name and Address of New R		gent	
	9. Name and Address of Curr	ent Registered Agent	81	Name	IV. Name and Addition of New Li		<b>3</b> -//	
MACAN	EDWIN B		-00	Circan Ardal	ress (P.O. Box Number is Not Acceptab	Jo)		
9709 DA	OCKY-POINT DRIVE Sam	e alrove	82	Street Add	ress (F.O. Box Number is Not Acceptac			
SUITE 1		_	83					
	FL 33607		84	City			<b>85</b> Zi	p Code
					ration submits this statement for the pur	<u>FL</u>	Щ.	
	Signatine, typed or printed name of regionard ag	potandithirapphoaho (NOi	E. Registered Age	ntsignatire re⇔un	ed when reinstating)	DATE		
	OFFICERS A		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
2.	OFFICERS A	AND DIRECTORS  DELETE	13. 1. 1 TITLE				DIRECTO Change	<u> </u>
2. 'Lf	PT MNASSA, GHASSANE	AND DIRECTORS	1, 1 TITLE					<u> </u>
Lf Mé	PT MNASSA, GHASSANE <del>2700 ROCKY POINT DRIVE</del>	DELETE	1. 1 TITLE	T ADDRESS				<u> </u>
2. Le Me Heft address Ly S1-ZIP	PT MNASSA, GHASSANE <del>2700 ROCKY POINT DRIVE</del> TAMPA FL 33607	Tampa Fl 3360;	1. 1 TITLE 1.2NAME 1.3 STREE 1.4 CITY-	T ADDRESS ST-ZIP			) Change	Addilio
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4. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in section 1.19 or foliar, indicated on this annual report as in ade under certify that the information indicated on this annual report as in an 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 disporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (813)265.0923