

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

**FILED**

**99 AUG 23 PM 12:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P97000016363**

1. Corporation Name  
**GEE SDA, INC.**

Principal Place of Business 3651 NORTHEAST 16 AVENUE POMPANO BEACH FL 33064	Mailing Address 3861 NORTHEAST 16 AVENUE POMPANO BEACH FL 33064
---	---

*[Handwritten signature]*  
**DO NOT WRITE IN THIS SPACE**

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

3. Date Incorporated or Qualified <b>02/20/1997</b>	4. Fed. ID Number <b>65-0729788</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Getho St. Surin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3861 NE 16 AVE**  
83  
84 City **Pompano Beach FL** Zip Code **33064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* DATE **4-1-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAINT-SURIN, GETHO T	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EUGENE, JOSIAS	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARREAU, RITZA	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOUINE, GUY	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLUBIS, ACNER	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOUINE, GULIANO	
STREET ADDRESS	3861 NORTHEAST 16 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFERARD JACOB	
1.3 STREET ADDRESS	3861 NE 16 AVE	
1.4 CITY-ST-ZIP	Pompano Beach FL 33064	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700003079327	
3.3 STREET ADDRESS	12-23-99 01043 001	
3.4 CITY-ST-ZIP	\$315.00 \$150.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(a), 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 lists empowered.

SIGNATURE: *[Signature]* **SIGNATURES REQUIRED** **4-199** **954-786-1445**