FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$5%0.00 May 12 1997 8:00am **PROFIT** FLORIDA DEPARTMENT W STATE **CORPORATION** Sandra B. Morthai Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 542079 (9)GEO-DOT CORP. Principal Place of Business Mailing Address 1430-32 ALTON RD. 1430-32 ALTON RD. MIAMI BEACH FL 33139-3828 MIAMI BEACH FL 3a. Date of Last Report 3. Date Incorporated or Qualified 08/03/1977 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1753737 Not Applicable Greg Wagman Suite. Apt. #, etc. IRISH HOUSE PUB 8035 Noremac Ave. \$8.75 Additional 5. Certificate of Status Desired 1430 ALTON ROAD 27 Fee Required Biscayne Point City & State MIAMI BEACH, FL 33139 Miami Beach, PL 33141 \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 25 Florida Statutes 29 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent WAGMAN, MILDRED 31 23/M AV& Greg Wagman 82 8035 Noremac Ave. Biscayne Point 83 Miami Beach, FL 33141 City Zip Code nt to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the labove-named corporation submits this statement for the purpose of changing its registered red agent, or foll, 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, are comparable to the corporation of t BIGNATURE (NOTE: Registered Agent signature required w OFFICERS WND DIRECTORS (96/6)12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE 1.1 1011 Change Addition TITLE WAGMAN, MILDRED 1.2 NAME NAME 281 PALM AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition WAGMAN, GREG 2.2 NAME 281 PALM AVE. STREET ADDRESS 23 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2.4 City-St-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 OITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C|TY - ST - ZIP TITLE DELETE Change Addition 6.1 TH£F NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. 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 proportion 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 ushangod, or on an attachment with an address.

SIGNATURE:

305-8644505