

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 21 AM 09:15

DOCUMENT # **842696** (7)

1. Corporation Name
GEONEX MARTEL, INC.

Principal Place of Business Mailing Address
150 2ND AVENUE NORTH 12TH FLOOR ST. PETERSBURG FL 33701
150 2ND AVENUE NORTH 14TH FLOOR ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 8950 9th St N		26 SAME		02/28/1979	05/01/1994
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For / Not Applicable
23 ST. PETERSBURG, FL		28 ST. PETERSBURG, FL		52-1069342	
24 33702	25	29	30	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 ST. PETERSBURG, FL		28 ST. PETERSBURG, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33702		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (Print name of registered agent and the corporation) (Print Registered Agent signature required when certifying) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD	1.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, J. GARY	1.2 NAME	SAME
STREET ADDRESS	150 2ND AVE N 11TH FL	1.3 STREET ADDRESS	8950 9th ST N
CITY, ST, ZIP	ST. PETERSBURG FL	1.4 CITY, ST, ZIP	ST. PETERSBURG FL 33702
TITLE	DS	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, JUDITH C	2.2 NAME	FLYNN JUDITH C
STREET ADDRESS	150 2ND AVE N 11TH FL	2.3 STREET ADDRESS	8950 9th ST
CITY, ST, ZIP	ST. PETERSBURG, FL 00000	2.4 CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DR	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, HAROLD F, JR	3.2 NAME	FLYNN HAROLD F JR
STREET ADDRESS	150 2ND AVE N 11TH FL	3.3 STREET ADDRESS	8950 9th ST N
CITY, ST, ZIP	ST. PETERSBURG, FL 0	3.4 CITY, ST, ZIP	ST. PETERSBURG FL 33702
TITLE	AS	4.1 TITLE	VP FINANCE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTHAM, KAREN	4.2 NAME	SAME
STREET ADDRESS	150 2ND AVE N 11TH FL	4.3 STREET ADDRESS	8950 9th ST N
CITY, ST, ZIP	ST. PETERSBURG FL 33701	4.4 CITY, ST, ZIP	ST. PETERSBURG FL 33702
TITLE	DALLARA, BRUCE D	5.1 TITLE	Chapter 11 TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALLARA, BRUCE D	5.2 NAME	ARAWAHOE Coppel
STREET ADDRESS	150 2ND AVE N 12TH FL	5.3 STREET ADDRESS	8950 9th ST N
CITY, ST, ZIP	ST. PETERSBURG FL	5.4 CITY, ST, ZIP	ST. PETERSBURG FL 33702
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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.

SIGNATURE: Karen M. Mortham **KAREN MORTHAM, VP FINANCE** 5/22/95 813-578-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OF FILING OR DIRECTOR Date (Typed Name)