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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Socretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

842696

(7)

GEONEX MARTEL, INC.

Principal Place of Business Mailing Address					1 184181 18111 81918 16818 81418 191FB	Attı Bibis Atbit Bibit Ri	111 OFBIT OTOTT 1891
8950 9TH ST ST PETERSBI US	N URG FL 33702	8960 9TH ST N St. Petersburg Fl US	33702				
00		00			 Date Incorporated or Qualified 02/28/1979 	3a. Date of Las 05/31/1	
2. Principal Pk	ace of Business	2a, Mailing Address	The same of a second contains and the same of the same		4. FEI Number	1 00/0 ./ .	Applied For
21	26				52-1069342		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	137	75 Additional
22 27					Fe Fe	e Required	
City & State	3	City & State			6. Election Campaign Financing		.00 May Be
7 ₁₀			Country		Trust Fund Contribution 8. This corporation has liability for it	MU	ded to Fees
24	25 29		30			s No	
	g. Name and Address of Curre			L	10. Name and Address of New R	legistered Agent	~
			81 1	Name			
CT CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1200 S.	PINE ISLAND ROAD			Officer Address			
PLANTA'	TION FL 33324		83				
			84	City		 85	Zip Code
						FL	
or register	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was author	ized by the corpora	ration's board i	of submiss this statement for the par of directors. Thereby accept the app	pose of changing to ointment as registe	red agent. I am
SIGNATURE .	Signature, type-1 or printed name of registeriest agen	cand the day of cable - #	IOTE Parjohered Agent so	ignature recoved wh	hercremstating	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
TITLE	EVD	E DELETE	1 1 TIFLE		O, President	Cnan	ge 🖸 Add:tion
NAME	REED, J. GARY		1.2 NAME		n Mellem		
STREET ADDRESS	8950 9TH ST N		1.3 STREET AD		50_9th St. N.		
CITY - ST - ZIP	ST.PETERSBURG FL		3.4 C(IY+SI+		. Petersburg, FL		
TITLE	D STAND HADDEN O	□ DELETE	2 1 TITLE		-Finance, Secretary	, Treas Chan	ge 🔲 Addition
NAME	FLYNN, JUDITH C		2 2 NAME	Kai	ren Mortham		
STREET ADDRESS	8950 9TH ST ST PETERSBURG, FL 00000		2 3 STHEET AC		50 9th St. N.	22702	
C+TY - ST - ZIP	D D	DELETE	2.4 GITY-\$T- 3.1 TITLE		. Petersburg, FL	33702 Chan	ge Addit on
TITLE NAME	FLYNN, HAROLD F, JR	(F) OLCUIT	3 1 IIILE 3 2 NAME		ce President tch Jordan		As The Walledon
STREET ADDRESS	8950 9TH ST N		33 STREET A		50_9th St. N		
CITY - ST - ZIP	ST PETERSBURG, FL 0		34 CITY+S1-	TIP St	Petersburg, FL	33702	•
TITLE	VPF	DELETE	4 1 TOTLE	Dia	rector	Chan	ge 🖸 Addition
NAME	MORTHAM, KAREN		4.2 NAME		uce Waterfall	_	
STREET ADDRESS			4.3 STREET AS	ODRESS 89	50 9th St. N.		
CITY - ST - ZIP	ST.PETERSBURG FL		4.4 CITY - ST -	zie St	. Petersburg, FL	33702	
TITLE	СТ	DELETE	5 1 TULE			☐ Chan	ge 🔲 Addition
NAME	COPPEL, LAWRENCE		5.2 NAME				
STREET ADDRESS	8950 9TH ST N		5.3 STREET AL	DDRESS			
CITY - ST - ZIP	ST.PETERSBURG FL		5 4 CITY - SI -	ZIP		· ····	
TITLE		DELETE	6 1 TITLE			☐ Chan	ge 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AL				
CITY - ST - ZIF			64 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(3)(k), Fiorida 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 attributional address.

SIGNATURE:

WE AND TYPED CHYCHINIED NAME OF SIGNING OFFICER OR DIRECTOR MANORTHAN 4-29-96 813-678-0100