

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **842696** (7)
1. Corporation Name
GEONEX MARTEL, INC.



Principal Place of Business: **8950 9TH ST N ST PETERSBURG FL 33702 US**
Mailing Address: **8950 9TH ST N ST. PETERSBURG FL 33702 US**

3. Date Incorporated or Qualified: **02/28/1979**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **52-1069342**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

g. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | EVD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CEO, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REED, J. GARY | 1.2 NAME | Ken Mellem |
| STREET ADDRESS | 8950 9TH ST N | 1.3 STREET ADDRESS | 8950 9th St. N. |
| CITY-ST-ZIP | ST.PETERSBURG FL | 1.4 CITY-ST-ZIP | St. Petersburg, FL 33702 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP-Finance, Secretary, Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLYNN, JUDITH C | 2.2 NAME | Karen Mortham |
| STREET ADDRESS | 8950 9TH ST | 2.3 STREET ADDRESS | 8950 9th St. N. |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | 2.4 CITY-ST-ZIP | St. Petersburg, FL 33702 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLYNN, HAROLD F, JR | 3.2 NAME | Mitch Jordan |
| STREET ADDRESS | 8950 9TH ST N | 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 | VPF <input type="checkbox"/> DELETE | 4.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORTHAM, KAREN | 4.2 NAME | Bruce Waterfall |
| STREET ADDRESS | 8950 9TH ST N | 4.3 STREET ADDRESS | 8950 9th St. N. |
| CITY-ST-ZIP | ST.PETERSBURG FL | 4.4 CITY-ST-ZIP | St. Petersburg, FL 33702 |
| TITLE | CT <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COPPEL, LAWRENCE | 5.2 NAME | |
| STREET ADDRESS | 8950 9TH ST N | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST.PETERSBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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(3)(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 M MORTHAM** 4-29-96 813-678-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)