

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**FILED**  
**Feb 12, 1998 8:00 am**  
**Secretary of State**

DOCUMENT # **F17214** (0)

1. Corporation Name  
**GEDECO CORP.**



Principal Place of Business  
**P.O. BOX 352290  
PALM COAST FL 32135-2290**

Mailing Address  
**12 MAHOE DRIVE  
PALM COAST FL 32137  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/19/1981**

4. FEI Number

**59-2124516**

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **18 OCEAN DUNE CIRCLE**

23 City & State

27 City & State

**PALM COAST, FL**

24 Zip

25 Country

29 Zip

30 Country

**32137**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, MITCHELL A  
149 P SO. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32115**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **P GEORGIOULIS, CONSTANTINE**

1.2 NAME

STREET ADDRESS **APOLLONOS STREET #4**

1.3 STREET ADDRESS

CITY-ST-ZIP **ATHENS, GREECE 00000**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **VP ROSENBAUM, STAN**

2.2 NAME

STREET ADDRESS **5 SHAWNEE TRL**

2.3 STREET ADDRESS

CITY-ST-ZIP **ORMOND BCH FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **VST GEORGIOULIS, IOANNIS**

3.2 NAME

STREET ADDRESS **APOLLONOS ST #4**

3.3 STREET ADDRESS

CITY-ST-ZIP **ATHENS, GREECE**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

TITLE ☐ DELETE

6.9 TITLE

☐ Change ☐ Addition

NAME

6.10 NAME

STREET ADDRESS

6.11 STREET ADDRESS

CITY-ST-ZIP

6.12 CITY-ST-ZIP

TITLE ☐ DELETE

6.13 TITLE

☐ Change ☐ Addition

NAME

6.14 NAME

STREET ADDRESS

6.15 STREET ADDRESS

CITY-ST-ZIP

6.16 CITY-ST-ZIP

14. I 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 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 from an attachment with an address.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0536089**

**1-21-98**

CR2E034 (10/97)