PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005238

GEOGRAPH INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address	
5349 COBALT COURT	5349 COBALT COURT	
CAPE CORAL FL 33904	CAPE CORAL FL 33904	

FILED Feb 25, 1999 8:00 am **Secretary of State**

02-25-1999 90004 019 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/25/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 1218 SE 4774 ST 65-0613021 Not Applicable 1218 SE \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees CAPE CORAL Trust Fund Contribution 23 CAPE COZA Country Zip Zip Country This corporation owes the current year Intangible USA Personal Property Tax. □Yes □ No 33904 33904 U513 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WELEBNY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 5349 COBALT COURT CAPE CORAL FL 33904 83 84 City 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 any accept the obligations of Section 607.0505, Florida Statutes. registerper agent and title if applicable. (ALCTE: SALCT) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DELETE TITLE 1.1 T/T/F 12 NAME WELEBNY, RONALD J NAME 5349 COBALT COURT 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET AODRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

RONALO J-WELEBNY

CR2E034 (11/98)