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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G13221 1. Corporation Name

GEO DEVELOPMENT CORPORATION

Principal Place of Business	Mailir
6925-112TH CRCLN.#101	6925-1

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90296 053 *****8.75 05-06-1999 90296 054 ***150.00



Principal Place	of Business	M	lailing Address						
925-112TH CRCLN.#101 6925-112TH CRCLN.#101 ARGO FL 34643 LARGO FL 34643					DO NOT WRITE IN THI	S SPAC	E		
						3.	Date Incorporated or Qualifed 12/14/1982		
2. Principal Pla	ce of Business	2a 26	. Mailing Address			4.	FEI Number 59-2256492		Applied For Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired	-	.75 Additional ee Required
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	-	5.00 May Be dded to Fees
Zip	Country 25	29	Zip Co	untry		8.	This corporation owes the current year le Personal Property Tax.	ntangible Ye	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
PRATESI, EMIL G. 1253 PARK ST.			81						
CLEARWATER FL 33516		83				·			
	-			84	- 7		F		Zip Code
office or rec	o the provisions of Sections 607.05 gistered agent, or both, in the Stat n familiar with, and accept the oblin	te of Flori	ida. Such change was authorize	a by	tne corporatio	oratio n's b	n submits this statement for the purpose o oard of directors. I hereby accept the app	of chang ointmen	ing its registered as registered
CHARLIER									

agoni, i ani ianima mini ana acceptiva engantra cipi									
SIGNATURE Stanature, 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 DIRECTO	RS IN 12					
TITLE	VDS DELETE	1.1 TITLE	Change	Addition					
NAME	CORM, HIRAM C.	1.2 NAME							
STREET ADDRESS	43 FRIEDLAND AVE.	1.3 STREET ADDRESS							
CITY-ST-ZIP	75008 PARIS/FRANCE	1.4 CITY-ST-ZIP							
TITLE	PD DELETE	2.1 TITLE	☐ Change	☐ Addition					
NAME	CORM, DAVID C.	2.2 NAME							
STREET ADDRESS	43 FRIEDLAND AVE.	2.3 STREET ADDRESS		.]					
CITY-ST-ZIP	75008 PARIS/FRANCE	2. 4 CITY+ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition					
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition					
NAME		4.2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETE	5.1 YITLE	☐ 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							
14 I hereby o	ertify that the information supplied with this filing does not qualify for the	ne exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the I	ntormation					

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.

SIGNATURE:

HIRAM&C CORN