Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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 # G75768 1. Corporation Name

GERIMAC CORP.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Principal Place of Business	Mailing Address
41 E. 1820 S. OREM UT 84058	41 E. 1820 S. OREM UT 84058
UKEM UI 04000	US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90090 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

12/22/1983

59-2356949

4. FEI Number

23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the curre	ent year Intangible	_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	t Registered Agen	t			10. Name and Address of New R	egistered Agent		
				81	Name			ţ	
RACKLIFFE, RICHARD 1135 RUSSELL DR ST PETERSBURG FL 33710			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			02	51 BEEL AUGIESS (1.10. DOX Humber is Not Acceptable)					
			83		•				
					-		85 Zip (Cado	
				84	City		FL °	J006	
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 Superior point provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered age		(NOTE: Reg	istered Agen	t signature require	ADDITIONS/CHANGES TO OF		RS IN 12	
12.		DIRECTORS	DELETE			ADDITIONS/CITANGES TO OT	[7] Change	Addition	
TITLE	CD	Li	DELETE	1.1 TITLE					
NAME	CALL, EUGENE C.			1.2 NAME				\	
STREET ADDRESS	4093 NORHT IMPERIAL WAY			1.3 STREET	- I				
CITY-ST-ZIP_	PROVO UT		55.535	1.4 CITY-S	r-zip		Change	Addition	
TITLE	STD	LJ	DELETE	2.1 TITLE			Onlinge		
NAME	CALL, MARVA	_		2.2 NAME					
STREET ADDRESS	4093 N IMPERIAL WAY			2.3 STREET	ADDRESS				
CITY-ST-ZIP	PROVO UT			2. 4 CITY-S	T-ZiP			Addition	
TITLE	PD	Ш	DELETE	3.1 TITLE			☐ Change	C Addition	
NAME	RIGOBERTO, TORRES A		1	3.2 NAME				Į	
STREET ADDRESS	526 GRANADA		1	3.3 STREET	FADDRESS				
CITY-ST-ZIP	GARLAND TX 75043			3.4. CITY-S	T-ZIP				
TITLE	VD		DELETE	4.1 TITLE	i		Change	☐ Addition	
NAME	TORRES, CYNTHIA			4.2 NAME				,	
STREET ADDRESS	526 GRANADA			4.3 STREET	ADDRESS			}	
CITY-ST-ZIP_	GARLAND TX 75043	<u></u>		4.4 CITY-5	T-ZIP				
TITLE			DELETE	5.1 TTTLE			☐ Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS	•			5.3 STREET	ADORESS		•	ļ	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE	,		DELETE	6.1 TITLE			Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS			• 1	6.3 STREE	TADORESS			}	
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				
UD 1-31-ZIP						Cartion 110 07(2)(i) Elorido Statutos			

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.

EUGENERCT CALL

3-30-1999

801-224-5236

Daytime Phone #