CORF	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS						
OCUMENT # G96338  GELT, INC.			(0)						
rincipal Place of Business 1145 21ST COURT VERO BEACH FL 32960		Mailing Address  1145-216T-COURT  VERO-DEAGH FL-92880							
						3. Date Incorporated or Qualified 04/16/1984	3a. Date	of Last F	•
Principal Plac	e of Business		a. Mailing Address		· • · · · · · · · · · · · · · · · · · ·	4. FE! Number			Applied For
Color All H		26	0.00- 4-4.0			59-2442005			Not Applicab
Suite: Apt. #, etc.		27		x 1400	38	5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State ALTamon	te Soc	ings, FL	Election Campaign Financing     Trust Fund Contribution			May Be d to Fees	
îķi	Coun <b>25</b>	try 29	170-1	30 Se	nino/e	8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
	9. Name and Add	ress of Current Reg	istered Agent		B1 Name	10. Name and Address of New R	egistered A	gent	
CADDIO	CHADITE E								
	, Charles E. Achland Blvd				82 Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
	EACH FL 32963				B3				
				Ì	B4 City		······································	85 Z	ip Code
Dues and to	the provisions of Cor	stions 607 0502 and 6	07 1509 Elorido St	atutes the sho	to pomod porcer	ition submits this statement for the pur	FL		rooletored niii
or registered	1 agent, or both, in th	ne State of Florida. Su gations of, Section 60	ch change was auth	iorized by the c	orporation's board	d of directors. I hereby accept the appo	pose of char pintment as r	egistered	i agent. I am
Styra' neityperfor printed name of registered age Land title Plagstrate: (NOTE Bu  2. OFFICERS AND DIRECTORS					Agent signature required	when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIBECTO	10 IN 12
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LE ME HELADORESS	Tuerde, Frei 5175-9M Plac			42 NA	ME REET ADDRESS				

Offy S1-ZIP 64 CITY-ST-ZIP 14. Ido 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 cath; that I am an officer or director of the corporation or the receiver or trustee en powered 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 oddress.

SIGNATURE:

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