## 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 # G96338 1. Corporation Name

Country

25

GELT, INC.

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business Mailing Address 1145 21ST COURT P.O. BOX 160038 ALTAMONTE SPRINGS FL 32716 VERO BEACH FL 32960 2a. Mailing Address 2. Principal Place of Business 26 21

27

28 Zip

29

Suite, Apt. #, etc.

City & State

**FILED** Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90012 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

04/16/1984 4. FEI Number

59-2442005

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81	Name
GARRIS, CHARLES E.	82	Street Address (P.O. Box Number is Not Acceptable)
817 BEACHLAND BLVD		
VERO BEACH FL 32963	83	
	84	City 85 Zip Code
	04	FL   S   E   S
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authori- agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S</li> </ol>	ized by 1	the corporation's board of directors. I nereby accept the appointment as registered
IGNATURE (NOTE: Broket	ored Agen	nt signature required when reinstating) DATE
digitatie, typod o printed haring of registeror egon and a series of the	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	1 TITLE	Change Addition
	2 NAME	·
4004 ON OTH LAND		T ADDRESS
VEDO DEAGN EL	4 CITY-ST	
	1 TITLE	Change Addition
	.2 NAME	
		T ADDRESS
VEDO DEAGULEI	. 4 CITY-S	
	L1 TITLE	Change Addition
	2 NAME	
	.3 STREET	T ADDRESS
	.4. CITY-S	ST-ZIP
	.1 TITLE	☐ Change ☐ Addition
1 =	. 2 NAME	
	.3 STREET	TADDRESS
	4 CITY-\$1	T-ZIP
	i,1 TITLE	☐ Change ☐ Addition
WE 5	.2 NAME	
	i.3 STREET	T ADDRESS
	.4 CITY-S7	T-ZIP
	1.1 TITLE	☐ Change ☐ Addition
AME 6	2 NAME	
TREET ADDRESS	3.3 STREET	T ADDRESS
	A CITY-ST	T-ZIP
TY-ST-ZIP  4. I hereby certify that the information supplied with this filing does not qualify for the control of the control		

Country

30

Block 12 or Block 13 if changed