SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

GEO-TECH SYSTEMS, INC.

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 17, 1999 8:00 am Secretary of State **Katherine Harris**

09-17-1999 90011 024 ***550.00



| Principal Place of Business Mailing Address | | | | | Traditis and large land black (dail differen | |
|---|---------------------------------|---------------------|---------------------|-----------|--|--------------------------------|
| % LARRY D. J | IUSTICE | % LARRY D. JUSTICE | % LARRY D. JUSTICE | | | |
| 15670 SW 155TH AVE. | | 15670 SW 155TH AVE. | | | 20 1105 11017 111 7/11 | |
| MIAMI FL 3318 | 37 | MIAMI FL 33187 | MIAMI FL 33187 | | DO NOT WRITE IN THIS SPACE | |
| 1 | | · | | | 3. Date Incorporated or Qualified 10/07/1985 | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | 26 | | 59-2588235 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | Y | 8. This corporation owes the current year | |
| 24 | 25 | | 30 | | Intangible Personal Property. | Yes No |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | d Agent |
| JUSTICE, LARRY D. | | | 81 | | (D.O. Davidson in Mat Association) | |
| | 70 SW 155TH AVE. MI FL 33187 | | | | ress (P.O. Box Number is Not Acceptable) | |
| MIA | MI FL 33107 | | 83 | | | |
| | | | 84 | City | FI | L 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, and accept the obligations of, section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. OFFICERS AND DIRECTO | | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | | Change Addition |
| NAME | JUSTICE, LARRY D. | | 1.2 NAME | | | |
| STREET ADDRESS | | | 1.3 STREE | TADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | | T-ZIP | | |
| TITLE | <u> </u> | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | . <u>-</u> | |
| TITLE | | | 3.1 TITLE | | | Change Addition |
| NAME | ı€ | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-S | T-ZIP | | |
| TITLE | DELETE 4 | | 4.1 TITLE | | | Change Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | |
| TITLE | DELETE 5.1 TH | | 5.1 TITLE | | | Change Addition |
| NAME | 5.: | | 5.2 NAME | | | ! |
| STREET ADDRESS | RESS 5.3 | | 5.3 STREE | T ADDRESS | | ľ |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | TADORESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | |
| 14. I hereby certify that the information supplied with this time 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 leport 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 of trustee empoyered 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.

SIGNATURE:

1/12/99 305-2355997