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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41592

(3)

MA RE GEIST VENTURES, INC.

FILED Mar 03 1997 8:00am Secretary of State



21 Suite, Apt	COX BLVD 34237-7232 Tace of Business #, etc	% I 254 Sai	RICHARD L. COX B BELVOIR BLVD RASOTA FL 34237-723 Mailing Address Suite, Apt. #, etc.	2			 Date Incorporated or Qualified 11/03/1986 FEI Number 59-2737289 Certificate of Status Desired 		\$8.75 A	oplied For ot Applicable Additional equired
City & Stat	ie		City & State				6. Election Campaign Financing			May Be
23 Zip	Country	[28]	Zip	Count	īv		Trust Fund Contribution 8. This corporation has liability for it			to Fees
24	25	29	* .b.	30				Yes [188.032,
24	9. Name and Address of Curre		tered Agent	1301			10. Name and Address of New Re			
2548 SAR 11. Pursuant	registered agent, or both, in the Stat	te of Florid	ia. Such change was	Butes, the abo	2 3 4	City	ess (P.O. Box Number is Not Acceptab oration submits this statement for the p ion's board of directors. I hereby accep	FL urpose of	changing i	Code ts registered
agent La SIGNATURE 12.	mi familiar with, and accept the obli Signal কৰিব pented name কাল্ডানালক OFFICERS A	ger4 and title	if applicable (NC				ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
TITLE NAME STREET ADDRESS CITY-S1-7(P	ST COX, CHARLOTTE 2548 BELVOIR BLVD SARASOTA FL		☐ DELETE	1.4 CITY	E ET :	ADORESS T- ZIP	-		Change	Addition
NAME STREET ADDRESS CITY-ST-ZFF	P COX, RICHARD 2548 BELVOIR BLVD SARASOTA FL		☐ DELETE	2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	E ET	ADDRESS it-zip			Change	Addition
THUE NAME STREET ADDRESS ONLY ST- ZEE			DELETE	3.4 TITLE 3.2 NAM 3.3 STRE 3.4. CITY	ET.	ADDRESS			☐ Change	Addition
Till F				4 1 TITLE	F					4 1 444
THEF NAME STREET ADDRESS CITY-ST-749			L] DELETE	4 2 NAN 4 3 STRE	AE ET	ADDRESS T-ZIP			☐ Change] Additio
NAME			DELETE	4 2 NAM 43 STRE 44 CHY 51 TITLI 52 NAM	ME - 81 F IE EET	T-ZIP ADDRESS			☐ Change	Additio

I do 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 [Jurian] or in an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECT

2/25/47

Daylime Phone #