## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

SIGNATURE:

Mar 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K59100 (3)GERALDINE ST. CORP. Principal Place of Business Mailing Address 1620 STEVEN AVE. 1620 STEVEN AVE. KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1989 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 58-1871608 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zışı Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name PINDER, J.J. **1620 STEVEN AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 (NOTL Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. \_\_\_ Addition DELETE Change TITLE 1.1 TITLE PINDER, J.J. 1.2 NAME NAME 1620 STEVEN AVE. STREET ADDRESS 13 STREET ADDRESS KEY WEST FL CITY-SI-ZIP 1.4 CiTY-ST-ZiP DS DELETE 2.1 TITLE Change Addition TITLE PINDER, MARIE NAME 2.2 NAME 1620 STEVEN AVE. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 2. 4 CITY-ST-ZIP CITY+ST-ZIP DELFTE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

4. 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 army of creat is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee disposanced 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 attaching statute an address. 2/23/98 (305)296.6806

**FILED**