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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68428

(7)

GEORGI INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address					— I INNSESSE AIN NEAD FOIL NEAD INNS INNS	AIRLI AIRLI DIAN A		
3261 BAYOU RD LONGBOAT KEY FL 34228 US		3261 BAYOU RD LONGBOAT KEY FL 34228-30 US	LONGBOAT KEY FL 34228-3022					
					3. Date incorporated or Qualified 02/21/1989	d 3a. Date of Last Report 05/01/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address				Ar	plied For
21		26				······································	No	t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	- 1		5. Certificate of Status Desired	_ \$	8.75 / Fee Re	Additional equired
Crty & State		City & State	-		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip 24	Country 25	Z ₁ p	Count	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
<u> 1</u>	9. Name and Address of Curre		<u>~</u>		10. Name and Address of New Re			
GEO	RGE, KAMARA		8	Name		· TT		
	ROSSRADS #126		8:	Street Add	dress (P.O. Box Number is Not Acceptal	blo)		
SAR	ASOTA FL 34239		8		areas (1.0. box nombol 18 not Acceptai			
			L		· · · · · · · · · · · · · · · · · · ·	·		
			8	"		FL ⁶	" "	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State om familiar with, and accept the oblic	e of Florida. Such change was au	thorized t	ov the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of cha pt the appoint	inging it ment as	s registered registered
SIGNATURE	The state of the s	generia di, dedilori der labes, i igri	ou biaidi	, o.				
SIGNATURE	Signature typed or printed name of registered ag	ent and little if applicable (NOTE:	Registered A	gent signature requ	whed when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	RECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE				Change	☐ Addition
NAME	GEORGI, JOHN M.		1.2 NAME					
STREET ADDRESS	15 CROSSROADS #126		1.3 STRE	T ADDRESS				
CITY - ST - ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP				
TITLE	P	☐ DELETE	21 TITLE				Change	Addition
NAME	GEORGI, KAMARA		22 NAME					
STREET ADDRESS	15 CRIOSSROADS #128		23 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		2 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	31 TITLE				Change	Addition
NAME			32 NAME					
STREET ADDRESS			33 STAE	T ADDRESS				ļ
CITY-ST-ZIP	······································		3.4. CITY	-ST-ZIP	7 to			
TITLE		DELETE	4.1 TITLE			Ц	Change	Addition
NAME			4. 2 N AM					İ
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		The course	4.4 CiTY	ST-ZIP				
TOTALE		DELETE	5.1 TITLE			Ц	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-SI-ZIP	·····	T house	5.4 CITY	ST-ZiP	***************************************	·····		
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIF			6.4 CITY -	ST-ZIP				

14. 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 polyagraph 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(if charged), or on an attachment with an address.