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FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90232 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K98771

1. Corporation Name  
EARTH TREK, INC.

Principal Place of Business  
770 NORTH FROSSE AVENUE  
TARPON SPRINGS FL 34689  
US

Mailing Address  
770 NORTH GROSSE AVENUE  
TARPON SPRINGS FL 34689  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/27/1989

4. FEI Number  
59-2956515

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6912 SAN JOSE LOOP

Suite, Apt. #, etc.

22 NEW PORT RICHEY, FL

City & State

23 34655 U.S.

Zip

Country

24

25

2a. Mailing Address

26 6912 SAN JOSE LOOP

Suite, Apt. #, etc.

27 NEW PORT RICHEY, FL

City & State

28 34655 U.S.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GALLO, LAURENCE A.  
6912 SAN JOSE LOOP  
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name LAURENCE A. GALLO

82 Street Address (P.O. Box Number is Not Acceptable)  
6912 SAN JOSE LOOP

83 NEW PORT RICHEY

84 City

FL

85 Zip Code  
34655

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

*Laurence A. Gallo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALLO, LAURENCE A.  
STREET ADDRESS 6912 SAN JOSE LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ST ☐ DELETE

NAME GALLO, FRANCINE  
STREET ADDRESS 6912 SAN JOSE LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99

Date

727-372-8817

Daytime Phone #

CR2E034 (11/98)