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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L56610

1. Corporation Name

GELLER	INVESTIGATIONS, INC.							
Principal Place	e of Business	Mailing Addre	ess			T HORNINGS BUT DIVID BINES BINGS SIRIS ORDS BINGS	BIBIH BYBN BIBN B	
1022 NW 10TH CT 1022 NW 10TH CT								***
MIAMI FL 33136 MIAMI FL 33136						DO NOT WRITE IN THIS	COACE	
US		US				3. Date Incorporated or Qualifed	SPACE	
						03/13/1990		
2 Principal Pi	lace of Business	2a, Mailing Ad	ddress			4. FEI Number	ΙĀn	plied For
— ·	iace of business	26	au(C33			65-0172891	 	t Applicable
Suite, Apt.	# etc	Suite, Apt	# etc.				\$8.75	
22	<i>H</i> , GC.	27	, .,, 0.0.			5. Certificate of Status Desired	Fee Re	
City & State	e	City & Sta	ate			6. Election Campaign Financing	\$5.00	May Re
23	-	28				· Trust Fund Contribution	Added t	
Zip	Country	Zip		Country	,	8. This corporation owes the current year In	tangible	
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curi	rent Registered Ager	nt			10. Name and Address of New Registered	Agent	
		*		81	Name			
	LER, JEFFREY			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
1022 NW 10TH CT					Address (F.O. Box Hambor to Not Statement Stat			
MIAN	MI FL 33136			83		1. 第二時刊號 25號 號	1 ⁽⁴⁾ [(1,2) [3.1
				84	City	18 18 世 大型を設計を変す() 新議会 2 20 c 20 e 4774年2	85 Zip (Code
					,	FL	_	ļ
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such ch	iange was at	uthorized by	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the apporation of the control	f changing its intment as re	registered gistered
SIGNATURE								
	Signature, typed or printed name of registered a		(NOTE:	 	nt signature req	uired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS		13.	nt signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI		
12.	OFFICERS D	AND DIRECTORS	(NOTE:	13. 1.1 TITLE	nt signature req		ND DIRECTO	PRS IN 12
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14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90006 025 ***150.00

326-0637