

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 20 1998 8:00am  
Secretary of State

DOCUMENT # M85146

(2)

1. Corporation Name  
GERONEE, INC.

Principal Place of Business  
340 COBLE DR.  
LONGWOOD FL 32779

Mailing Address  
454 LAKE BRIDGE DR.  
#516  
APOKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1988

2. Principal Place of Business

21 454 LAKE BRIDGE DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 PALM KEY APT 516

27 Suite, Apt. #, etc.

23 APOKA FLORIDA

28 City & State

24 32703

29 Zip

Country

25 U.S.A.

30 Country

4. FEI Number

NOT APPLICABLE

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RAMACHANDRAN, S.  
340 COBLE DR.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

454 LAKE BRIDGE DR.

83

PALM KEY APT 516

84

APOKA

FL

85 Zip Code

32703

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME MAHARAJ, CYNTHIA

STREET ADDRESS 340 COBLE DR.

CITY-ST-ZIP LONGWOOD FL

TITLE DV ☐ DELETE

NAME MAHARAJ, RABINDRANATH

STREET ADDRESS 340 COBLE DR.

CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE

NAME MAHARAJ, CYNTHIA

STREET ADDRESS 340 COBLE DR.

CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

650 DEVONSHIRE BLVD  
LONGWOOD FLORIDA 32750

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

650 DEVONSHIRE BLVD  
LONGWOOD FLORIDA 32750

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

650 DEVONSHIRE BLVD  
LONGWOOD FLORIDA 32750

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

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.

SIGNATURE

SIGNATURE

8/1/98

407-814-9868

407-814-9868

CR2E034 (5/98)