

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P08238** (8)
1. Corporation Name
GEONEX CORPORATION



Principal Place of Business 8950 9TH ST N ST PETERSBURG FL 33702 US	Mailing Address 8950 9TH ST N ST PETERSBURG FL 33702 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/02/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2632641	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELLEM, KEN			1.2 NAME			
STREET ADDRESS	8950 9TH ST N			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			1.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER	
NAME	MORTHAM, KAREN			2.2 NAME			
STREET ADDRESS	8950 9TH ST N			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAURA, DENIS			3.2 NAME			
STREET ADDRESS	8950 9TH ST N			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATERFALL, BRUCE			4.2 NAME			
STREET ADDRESS	8950 9TH ST N			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			4.4 CITY-ST-ZIP			
TITLE	CFOV	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRAUB, WILLIAM C			5.2 NAME			
STREET ADDRESS	8950 9TH ST N			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702			5.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRAUB, WILLIAM C			6.2 NAME			
STREET ADDRESS	8950 9TH ST N			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702			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 info 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen M Mortham KAREN M MORTHAM

2/4/98

812-572-7100

CFR2E034 (10/97)