

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22084** (8)

1. Corporation Name

GEONEX INTERNATIONAL OPERATIONS, INC.



Principal Place of Business

Mailing Address

8950 9TH ST N
ST PETERSBURG FL 33701
US

8950 9TH ST N
ST PETERSBURG FL 33701
US

3. Date Incorporated or Qualified **12/13/1988** 3a. Date of Last Report **05/31/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2886926** Applied For Not Applicable

21 8950 9th St. N 26 8950 9th St. N 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 St. Petersburg, FL 28 St. Petersburg, FL 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 33702 25 Country 29 33702 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, as applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD FLYNN, HAROLD F.	1.1 TITLE	CEO, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, HAROLD F.	1.2 NAME	Ken Melleem
STREET ADDRESS	8950 9TH ST N	1.3 STREET ADDRESS	8950 9th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	D FLYNN, JUDITH C.	2.1 TITLE	VP-Finance, Secretary, Tres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, JUDITH C.	2.2 NAME	Karen Mortham
STREET ADDRESS	8950 9TH ST N	2.3 STREET ADDRESS	8950 9th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	P REED, GARY	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, GARY	3.2 NAME	Mitch Jordan
STREET ADDRESS	8950 9TH ST N	3.3 STREET ADDRESS	8950 9th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	VP MORTHAM, KAREN	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTHAM, KAREN	4.2 NAME	Bruce Waterfall
STREET ADDRESS	9850 9TH ST N	4.3 STREET ADDRESS	8950 9th St. N.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	CT COPPEL, LAWRENCE D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPEL, LAWRENCE D	5.2 NAME	
STREET ADDRESS	8950 9TH ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Karen M. Mortham **KAREN M MORTHAM** 4-29-96 813-578-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (Typed FT only)

CR2E034 (12/95)