PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000014375**1. Corporation Name

GECHU, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90131 039 ***150.00



Principal Place of Business Mailing Address)	HARDI BIIL IBBI
10353 FRUITVILLE ROAD P.O. BOX 3556 SARASOTA FL 34240-9263 SARASOTA FL 34230			556			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 02/25/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number	- Ar	pplied For
			~			65-0391007		ot Applicable
25 26							\$8.75	Additional
27						5. Certifcate of Status Desired	Fee Re	equired
City & State	•	City & State	i—,			6 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible	1
24	25	29	0			Personal Property Tax.	☐ Yes	No
<u>=:1,</u>	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			
SMUCKER, DONALD W ESQ 10353 FRUITVILLE RD			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34240				83				
OAH	NOTA I E GYETO			03				
				84	City	F	85 Zip	Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stan familiar with, and accept the obli	e of Florida. Such change was aut	horized	l by t	-named corpo he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s registered egistered
SIGNATURE	Signature, typed or printed name of registered a	OPETE S	la vetared	Naon)	signature required	(when teinstation) DATE		
12.		AND DIRECTORS	13.	муол	algi alare required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
TITLE	PD	DELETE 11T		ΓLE			Change	Addition
NAME.	STOEF, GUNTHER		1.2 NA	ME				ĺ
STREET ADDRESS	25 SASELHOERN 25		13 ST	REET	ADDRESS			
CITY-ST-ZIP	HAMBURG GE		14 CI	TY-ST	-ZIP			
TITLE	1010		2 1 TII	2 i TITLE			☐ Change	Acdition
NAME	0.02, 2220		22 NA	ME	ŀ			
STREET ADDRESS			1	2.3 STREET ADDRESS				}
CITY-ST ZIP	HAMBORG GE	DELETE	2 4 C	TY ST	7.7P		[*] Change	
TITLE		, DELETE	32 NA					_
NAME			1		ADDRESS			
STREET ADDRESS			H	ITY-ST	,			}
CITY-ST-ZIP TITLE		☐ DELETE	41 10		20		Change	Acdition
NAME			4.2 N	AME				!
STREET ADDRESS			43 ST	REET.	ADDRESS			
CITY-ST-ZIP			4 4 CI	TY-ST	-ZIP			
TITLE	<u> </u>	☐ DELETE	5 1 Tt	TLE			Change	☐ Addition
NAME			52 NA					
STREET ADDRESS			n		ADDRESS			
CITY-ST-ZIP		<u> </u>	-11	1Y-\$1	- ZIP			[] A a d to a
TITLE		☐ DELETE	61TI				Change	Addition
NAME			6 2 NA		5500			
STREET ADDRESS			6351	KLET	ADDRESS			

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 shall all other like empowered.

SIGNATURE: SIGNATURE