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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021211 (6)

GEOCHEMICAL ENGINEERING, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		e idanistat ein binda erzis anteit Muste Matit fiftiff til	AL CIBIO ISBOT (COM) (COT COM)
5900 STIRLING ROAD 5900 STIRLING ROAD					
HOLLYWOO	D FL 33021	HOLLYWOOD FL 33021			
US		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal 6	Place of Business	2a, Mailing Address		03/18/1993	
4//	[//		hill Orive	4. FEI Number 65-0399113	Applied For
Suite, Apt.	O Orchid Orive	Suite, Apt. #, etc.	MIKA DELVE		Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te /	City & State	· · · · · · · · · · · · · · · · · · ·	A Finale Constitution	
23 N/a	nles Florida	28 1/20/06.	Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cur	
24 34/	02 25	20 34102	30		Yes No
	9. Name and Address of Current		2 ,	10. Name and Address of New Registered	
ALLEN, GARY R 81 Name					
5000 STIDI ING POAD					
HOLLYWOOD FL 33021			62 Street Add	ress (P.O. Box Number is No Acceptable)	>
			83	or orvina prive	
			84 City	aples FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-named corr	polation submits this statement for the number of	t changing its registered
Office or i	registereo agent, or both, in the State of	r Fiorida. Such change was au	ithorized by the corpora	tion's board of directors. I hereby accept the app	ointment as registered
_	am familiar with, and accept the obligati	ons or, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature typed or printed name of registered agent	and this if another the (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, GARY R		1.2 NAME		
STREET ADDRESS	5900 STIRLING ROAD		1.3 STREET ADDRESS	460 prchid Drive	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP	460 Orchid Drive Naples, FL 34102)
TITLE		DELETE	2.1 TITLE	10 ag (C3)	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		La bilango La rodition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		onengo receitor
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS					
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		otter			L cusuale L Vanition
-			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/2Vi) Florida Statutos I further on	with the state of

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.