FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075000 (8)**

1. Corporate Name
GISMO, INC.

Principal Place of Business
1303 HOMESTEAD ROAD NORTH
LEHIGH ACRES FL 33936

Mailing Address
C/O ROBERT D. ROYSTON, JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 65-0447323 — 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 has elected to be governed by Chapter 607, Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
ROYSTON, ROBERT D. JR.
12670 NEW BRITTANY BLVD
STE 101
FT MYERS FL 33907

10. Name and Address of New Registered Agent
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 Section 607.0501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	SCHWARZMEIER, WILLIBALD
STREET ADDRESS	1303 HOMESTEAD ROAD, N
CITY, ST, ZIP	LEHIGH ACRES FL
TITLE	P
NAME	ECKERL, JOHANN
STREET ADDRESS	1303 HOMESTEAD RD., N
CITY, ST, ZIP	LEHIGH ACRES FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurate and complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changes and additions) with an address.

SIGNATURE: JOHANN ECKERL 5-1-95 (813) 369-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0021770 CP