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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045580 (5)

1. Corporation Name
GEO SYNTHETICS, INC.

Principal Place of Business
100 N BISCAYNE BLVD
SUITE 2910
MIAMI FL 33132

Mailing Address
100 N BISCAYNE BLVD
SUITE 2910
MIAMI FL 33132-2314



2. Principal Place of Business
21 2601 So. Bayshore Dr.

2a. Mailing Address
26 2601 So. Bayshore Dr.

Suite, Apt. #, etc.
22 Suite 601

Suite, Apt. #, etc.
27 Suite 601

City & State
23 Miami, FL

City & State
28 Miami, FL

Zip Country
24 33131 USA

Zip Country
29 33131 USA

3. Date Incorporated or Qualified
06/14/1994

3a. Date of Last Report
10/09/1996

4. FEI Number
APPLIED FOR

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARK, BRADLEY R
100 N BISCAYNE BLVD
SUITE 2910
MIAMI FL 33132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Dr.,

83 Suite 601

84 City
Miami,

FL 85 Zip Code
33131

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 of the person named as registered agent, or, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPS
STARK, BRADLEY R
100 N BISCAYNE BLVD SUITE 2910
MIAMI FL 33132

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
DPS
STARK, BRADLEY R.
2601 So. Bayshore Dr., #601
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
STARK, TIMOTHY D
100 N BISCAYNE BLVD SUITE 2910
MIAMI FL 33132

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
VP
STARK, TIMOTHY D.
2601 So. Bayshore Dr., #601
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BRADLEY R. STARK, PRES.

Daytime Phone

0176229

CR2E034 (9/96)