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 MAR 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046033 (4)**

1. Corporation Name
GELLER RESORTS, INC.

Principal Place of Business	Mailing Address
19604 LOST CREEK DR FT MYERS FL 33912	19604 LOST CREEK DR FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0505326 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 12350 SHOREVIEW DR	26 12350 SHOREVIEW DR
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 MATLACHA, FL	City & State 28 MATLACHA, FL
Zip 24 33909 Country 25 LEE	Zip 29 33909 Country 30 LEE

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

BROWNING, MICHAEL L
402 APPELROUTH LN
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: ROBERT J. GELLER
82 Street Address (P.O. Box Number is Not Acceptable)
83 12350 SHOREVIEW DRIVE
84 City: MATLACHA FL 85 Zip Code: 33909

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] NEW REGISTERED AGENT 8 MAR 95
Signature of registered agent | DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	GELLER, ROBERT J	1 2 NAME	
STREET ADDRESS	19604 LOST CREEK DR	1 3 STREET ADDRESS	12350 SHOREVIEW DR.
CITY ST ZIP	FT MYERS FL 33912	1 4 CITY ST ZIP	MATLACHA, FL 33909
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

3/24

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)(a), 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: [signature] PRESIDENT 24 FEB 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. GELLER

0322022 CP