

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000001928 (7)

1. Corporation Name
G.E.L. RECONSTRUCTION, INC.



Principal Place of Business: 13617 EXOTICA LANE WELLINGTON FL 33414-8152
Mailing Address: 13617 EXOTICA LANE WELLINGTON FL 33414-8152

3. Date Incorporated or Qualified: 01/06/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0544954
Applied For: [Blank] / 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

2. Principal Place of Business: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt. #, etc.: [Blank]
26. Suite, Apt. #, etc.: [Blank]
22. City & State: [Blank]
27. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
28. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]
25. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]
30. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent

LEWIS, GARY E
13617 EXOTICA LANE
WELLINGTON FL 33414-8152

10. Name and Address of New Registered Agent

81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank]
85. Zip Code: FL [Blank]

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD LEWIS, GARY E 13617 EXOTICA LANE WELLINGTON FL 33414-8152	1.1 TITLE	PTDC MD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DVS SANDS, MICHAEL E 990 S. CONGRESS DELRAY BCH FL 33445	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VPS RUDY VANKUYK 10236 N. 154TH RD.	3.1 TITLE	VPS
NAME		3.2 NAME	RUDY VANKUYK
STREET ADDRESS		3.3 STREET ADDRESS	10236 154TH RD
CITY - ST - ZIP		3.4 CITY - ST - ZIP	JUPITER FL 33478
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/96 954 784 4355 Daytime Phone #

CR2E034 (12/95)