

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

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000001928 (7)**  
 1. Corporation Name  
**G.E.L. RECONSTRUCTION, INC.**



Principal Place of Business <b>13617 EXOTICA LANE WELLINGTON FL 33414-8152</b>	Mailing Address <b>13617 EXOTICA LANE WELLINGTON FL 33414-8121</b>
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3. Date Incorporated or Qualified <b>01/06/1995</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>65-0544954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>231 N.W. 18<sup>TH</sup> AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>231 N.W. 18<sup>TH</sup> AVE</b> Suite, Apt. #, etc.
22 City & State 23 <b>DELRAY BCH FL 33444</b>	27 City & State 28 <b>DELRAY BCH FL 33444</b>
24 <b>33444</b> Zip	25 <b>PALM BEACH</b> County
29 <b>33444</b> Zip	30 <b>PALM BEACH</b> County

b. Name and Address of Current Registered Agent <b>LEWIS, GARY E 13617 EXOTICA LANE WELLINGTON FL 33414-8152</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, GARY E</b>	
STREET ADDRESS <b>13617 EXOTICA LANE</b>	
CITY - ST - ZIP <b>WELLINGTON FL</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE
NAME <b>VANKUYK, RUDY</b>	
STREET ADDRESS <b>10238 154TH RD</b>	
CITY - ST - ZIP <b>JUPITER FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 an address

**SIGNATURE:** \_\_\_\_\_ **1997 561 274-8077**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year Phone #

CR2E034 (9/96)