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



COR ANNU	PORATION IAL REPORT	Sandra Secret	ARTMENT OF STATE  B Mortham  ary of State  CORPORATIONS		
1. Corporation	MENT # <b>P95000(</b> Name A JEAN SCHMITTEN, P.A.	009680 (6	)		
GEOTH	TOURNATION, 1.7.				
Principal Place	of Business	Mailing Address		- I 14811941 118 14(8) 41(1) 49(1) 88(1)	adiii baiii dosid ibiih áidh faint doil iúdí
	VEST 126 AVENUE RDALE FL 33323	1352 NORTHWEST 126 FORT LAUDERDALE FI			
2, Principal Pla	co of Rusiness	0-11-7-		3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report
1 5   8   Suitg_Apt. #	W. OAKLAND PARK 2	2a. Mailing Address  6 5 8 W. Suite Apt. #, etc.	DAYLAND PAPA		Applied For Not Applicable  \$8.75 Additional
2 City & State	04 2	7 Suite Apt. # etc. /		5. Certificate of Status Desired	Fee Required
3 47. (	AUDERDAIR, 12 2	8 T. AV	ocapare, En	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
333	9, Name and Address of Current Re	9 33313 gistered Agent	30 BRUWARD	8. This corporation has liability for in Florido Statutes Y Yes	□No
AMERIDAWYER 81 No Conference Agent				10. Name and Address of New Registered Agent  14 Jean Schmitten	
343 ALM	BRIA AVENUE BABLES FL 33134		82 Street Addres 83	W, BOX DATE (NO 1800)	85 Zig Codg
or registere familiar with SIGNATURE S	Agrature types or pristed name of requised a just a list.	ush change was authorize 07.0505, Florida Statute 1776 August August uitage dage August	is, the above named corporated by the corporation's body.	Com a di antino di a	oose of changing its registered office intrinent as registered agent. Fam.
TLF	OFFICERS AND DIF	ECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change
AME TREET ADDRESS TTY - ST - ZIP	SCHMITTEN, GLORIA J 1352 NORTHWEST 126 AVENUE FORT LAUDERDALE FL 33323	<u> </u>	1.3 NAME 1.3 STREET ADDRESS		Claride Claridia
ITLE AME		DELETE	14 CITY-ST-ZIP 2-1 TIFLE 2-2 NAME		Change Addition
TREET ADDRESS			2.3 STREET ADDRESS		
ITLE AME		☐ DELETE	24 CHY-ST ZIP 3 1 TITLE 3 2 NAME	With the state of	☐ Change ☐ Addition
TREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TLE AME TREET ADDRESS		☐ DELETE	4 1 TILLE 42 NAME 43 SIREET ACORESS		Change Addition
TY-ST-ZIP		[] DECETE	4.4 CHV - ST - ZIP 5 - TITLE		Change Addition
AME TREET ADDRESS TY-ST-ZIP			5.2 NAME 5.3 STHEET ADDRESS 5.4 CITY - ST - ZIP		
TLE		☐ DELETE	6 1 THLE 6 2 NAME		☐ Change ☐ Addition
TREET ADDRESS ITY-ST-ZIP 4. I do hereby	certify that the information supplied with the information undirected on this applied on	iis filing is voluntarily forne	6.3 STREET ADDRESS  6.4 CITY - ST - ZIP  shed and does not quality for	the exemption stated in Section 119.0	7/20th Florida Statutes Universe
oath: that L	he information indicated on this annual rep am an officer or director of trie comporation Block 12 or Block 13 if changed, or on an	or the receiver or to stop	concessored to execute the		

SIGNATURE: O LOGIA J. SCHMITTEN DESCRIPTION & SUMMED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR