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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

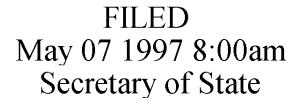
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000020188 (5)

GELONI CORPORATION

Principal Place of Business	;
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Mailing Address





MEDLEY FL 331	IM AVENUE BAT)	MEDLEY FL 33178	E DAI I					
					3. Date Incorporated or Qualified 03/10/1995	3a. Date of L. 05/01/19		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	L	Applied For	
21		26	26		65-0580841		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28			Trust Fund Contribution	☐ Ac	ded to Fees	
Zip	Country	Zip	Counti	У	_ 1	This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes Y No			
	9. Name and Address of Cu	rrent Registered Agent	8	1 1 1	10. Name and Address of New Reg	Jisterea Agent		
	EZ, GAMALIEL E		°	Name				
	9 N.W. 89TH AVENUE BAY	1	82 Street Ad		Address (P.O. Box Numbor is Not Acceptable)			
MED	LEY FL 33178							
			83	'				
			84	City		85	Zip Code	
				<u> </u>		FL [°°]		
office or c	agistored agont or both in the C	.0502 and 607.1508, Florida Stati State of Florida. Such change was bligations of, Section 607.0505, F	: authorizod k	w the corner	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chang it the appointme	nt as registered	
SIGNATURE					<u>-</u>			
	Signature, typed or printed name of registers	o agent and the if applicable (NO AND DIRECTORS	DTE: Registered A	jent signature req	nited when renstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRE	CTORS IN 12	
12. TITLE	D	DELETE	1,1 TITLE	Т	ADDITIONS/CHANGES TO OFFICE	☐ Ch		
NAME	LOPEZ, GAMALIEL E		1.2 NAME					
	2547 WEST 64TH PLACE			T ADDRESS				
STREET ADDRESS	HIALEAH FL 33016		1.4 CITY-					
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE			☐ Ch	iange Addition	
NAME	MARTINEZ, MILDRED T		2.2 NAME					
STREET ADDRESS	2547 WEST 64TH PLACE			:1 ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY		•		į	
TITLE		DELETE	3.1 Till E			☐ Ch	nange 🔲 Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3.518E	F1 ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4 1 1111		-	Ch	nange 🔲 Addition	
NAME			4.2 NAM	F				
STREET ADDRESS			4.3 STRE	I ADDRESS				
CITY-ST-ZIP			4.4 C/1Y	-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Ch	nange Addition	
NAME			5.2 NAMI					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			1	
TITLE		DELETE	6.1 TITLE			☐ Ch	nange	
NAME			6.2 NAM	:				
STREET ADDRESS			6.3 STRF	E1 ADDRESS			!	
CITY-ST-ZIP			6.4 C/1Y	- ST - 7IP				
	are earlier that the information or	anled with thin filing door not our			ed in Section 119 07(3)(i). Florida Statute	e I further certif	v that the	

1 or hereby centry that the minimation supplied with this iming coos for quality in the exemption stated in Section 1.19.07(2)(η), morrison stated in Secti