Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000020188

1. Corporation Name

GELONI CORPORATION

	SIN ORMITON										
Principal Place of	Business	Mailing Address				$\neg$	i (Bătăău șio iâidi giáii gâii) f	<b>a</b> lli <b>96</b> 111 <b>41</b> 111	HINN BRIEF HER	1616  1611 1891	
10099 N.W. 89TH AVENUE BAY 1 10099 N.W. 89TH AVENUE BAY 1							•				
MEDLEY FL 33178 MEDLEY FL 33178							DO NOT WRITE IN THIS SPACE				
						<u> </u>			SPACE		
!							Date Incorporated or Qualifet				
							03/10/1995			<u>-</u>	
2. Principal Place	e of Business	2a, Mailing Address	1			1	FEI Number		<u>-</u>	polied For	
21		26					65-0580841		<del></del>	ot Applicable	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc	С.			5, (	Certifcate of Status Desired			Additional equired	
22		City & Ctota				<del></del>					
City & State		City & State				Election Campaign Financing	_ ÷		May Be to Fees		
23		28	<del></del> ,	C			Trust Fund Contribution			to rees	
Zip	Country	Zip		Country			This corporation owes the cu	rent year in	tangible ☐Yes	□No	
24	[25]	29	30				Personal Property Tax.	Domintored			
9	9. Name and Address of Current	Registèred Agent	_	81	Name	10. 1	Name and Address of New	Registered	Agent		
I ODE7	CAMALIE! E			61	Name						
LOPEZ, GAMALIEL E			82	Street A	ddress (P.	O. Box Number is Not Accep	table)				
10099 N.W. 89TH AVENUE BAY 1 MEDLEY FL 33178											
MEDLEY	f FL 331/8			83							
	•			84	City				85 Zip	Code	
					=			<u>Fl</u>	_		
office or regis	he provisions of Sections 607.0502 stered agent, or both, in the State of amiliar with, and accept the obligation	' Florida. Such change '	was autnori	ized by	tne corpo	corporation ration's boa	submits this statement for the ard of directors. I hereby acce	e purpose o ept the appo	f changing its pintment as re	s registered egistered	
CICNIATURE										ŧ	
SIGNATURE	nature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regist	tered Agen	t signature re	quired when rei	nstating)	DATE			
SIGNATURE Signa	nature, typed or printed name of registered agent a OFFICERS AND			tered Agen	t signature re		nstating) DDITIONS/CHANGES TO O		ND DIRECTO	ORS IN 12	
Signi	OFFICERS AND				it signature re				ND DIRECTO	ORS IN 12	
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14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE REC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Change

☐ Addition