

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90214 001 ***150.00

DOCUMENT # **P95000036196**

Corporation Name
GENTEEL PRODUCTS INC.



Principal Place of Business Mailing Address
VENTANA DRIVE **17306 VENTANA DRIVE**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2. Mailing Address		3. Date Incorporated or Qualified 05/04/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0580108	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

GELLER, CAROL
17306 VENTANA DR
BOCA RATON FL 33487

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

1. 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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
2. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
1. TITLE		1.1 TITLE	
2. NAME		2.1 NAME	
3. STREET ADDRESS		3.1 STREET ADDRESS	
4. CITY-ST-ZIP		4.1 CITY-ST-ZIP	
5. TITLE		5.1 TITLE	
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY-ST-ZIP		8.1 CITY-ST-ZIP	
9. TITLE		9.1 TITLE	
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY-ST-ZIP		12.1 CITY-ST-ZIP	

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 907, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carne Geller **4/19/99** **(561) 995-0140**

CR2E034 (11/98)