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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000044336 (2)

GEDCO USA, INC.

Principal Place	of Business	Mailing Address		S ES DIND DE VIDE AD VALUE DO VIDE BOTTE BOTTE DO VIDE DE	ali ai ang 14100 31110 3 111 46 01	
8445 INTERNATIONAL DRIVE		200 S ORANGE AVE				
138		SUITE 2300			DO NOT WRITE IN THIS	¢ ¢Þ∆∩F
ORLANDO FL 32819		ORLANDO FL 32801-3432 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
		•			06/08/1995	
2. Principal Pi	ace of Business	2a. Mailing Address		······································	4. FEI Number	Applied For
21		26			59-3319371	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	1 0	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ıry	8. This corporation owes or has paid the c	urrent year Intangible Yes No
24	25 Name and Address of Curren	29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	
4.0	.C. CO.			81 Name		
	S DRANGE AVE				(D O D)	
SUITE 2300				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32801-3432		.	B3		
OI II	34100 1 E 0200 1-0402		-	DA City		85 Zip Code
			į	B4 City	F:	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508, Florida Sta	tutes, the ab	ove-named cor	poration submits this statement for the purpose	of changing its registered
office or re agent. I a	egiste red agent, or both, in the State m fam iliar with, and accept the obliga	of Horida. Such change wa ations of, Section 607.0505,	is autnorized Florida Stati	by the corpora ites.	tion's board of directors. I hereby accept the ap	pomiment as registered
SIGNATURE						
GIGITATORIC	Signature, typed or ponted name of nigistered age			Agent signature requ	red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
TITLE	PD AIDIODDAN GEDARD	L) DECEIE	1.1 TIT			C outside C vocation
NAME	O'RIORDAN, GERARD	4120	1.2 NA			
STREET ADDRESS	8445 INTERNATIONAL DRIVE, ORLANDO FL	# 100		REET ADDRESS		
CITY+ST-ZIP TITLE	VS	DELETE	2.1 TIT	Y-ST-ZIP		Change Addition
NAME	LLOYD, KATHY		2.2 NA			
STREET ADDRESS	8445 INTERNATIONAL DRIVE,	#138		REE1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	* 100		IY · ST - ZIP		
TITLE	1	DELETE	3.1 TiT			Change Addition
NAME	PIERCY, TYLER		3.2 NA	NÉ SN		
STREET ADDRESS	8445 INTERNATIONAL DRIVE,	#138	3.3 ST	REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CI	IY-ST-ZIP		
TITLE		DELETE	4.1 TiT	LE		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STI	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change ☐ Addition
NAME			5 2 NA	Mξ		
STREET ADDRESS			5.3 \$11	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		Chance Ladden
TITLE		☐ DELETE	61 TIT			Change Addition
NAME			6 2 NA			
STREET ADDRESS			172 5 2	REET ADDRESS		

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 trusted impowered 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.