PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068456

GECKO GOLF BALL, INC.

Principal Place of Business 1231 US 41 BYPASS S VENICE FL 34292

US

Mailing Address

1231 US 41 BYPASS S VENICE FL 34292

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FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90073 028 ***150.00



DO NOT WRITE IN THIS SPACE

	_	,			3. Date Incorporated or Qualifed		ريستند ون
					09/01/1995		
2. Principal F	Place of Business	2a. Mailing Add	ress		4. FEI Number	Api	plied For
21	•	26			65-0610787	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #	, etc.		5. Certifcate of Status Desired	\$8.75	
22		27		<u>. </u>		Fee Re	quirea
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Co	ountry	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	∐ Yes	X No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
			-	81 Name			
SPEILMAN, RODNEY				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1205 US 41 BYPASS SO.				oz Sileet Add	iless (F.O. Box Number is Not Acceptable)		
VENICE FL 34292				83			
							
				84 City	F	85 Zip (Code
				<u> </u>		- ;	rogistared
11. Pursuant	t to the provisions of Sections 607.05	02 and 607 1508, Flor	ida Statutes, the	above-named cor ed by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.	0505, Florida Sta	atutes.			-
SIGNATURE							
SIGNATORE.	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature requir			
12.	OFFICERS A	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P/T	X .:	DELETE 1,1		PIT	Change	Addition
NAME	SPEILMAN, RODNEY		1.2	NAME C	and volpe 231 us 41 Bypass S.		
STREET ADDRESS	AGAA LAHIDEL AVE		1.3	STREET ADDRESS	231 US 41 Bypass 3.		
CITY-ST-ZIP	VENICE FL 34292		14	CITY-ST-ZIP	Venice, FC 34292		
TITLE	72/1102 2 0 7202			TITLE		Change	☐ Addition
		<u>.</u>					
NAME			2.2	NAME		4	
	66	<u>.</u>	22· 23	NAME STREET ADDRESS			
NAME	S		2.2 2.3 2.4	NAME STREET ADDRESS CITY-ST-ZIP			- Addition
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14. I hereby certify that the information supplied with this filling 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 truetee 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.

SIGNATURE

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4/2/99

941 483 - 3611 Dayline Phone #