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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000075575 (7) DOCUMENT

GENTECH DEVELOPMENT COMPANY

	e of Business	Mailing Addra	ess		. 		
PO BOX 281 PO BOX 281 STUART FL 3495-0281 STUART FL 3495			4006 0281				
SIUARI FE	7-1007-0201	SIONNITES	310An1 FL 343330g01			DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified	
9 Principal F	Place of Business	2a. Mailing Ac	drose			09/22/1995 4. FEI Number Applied Fo	
21	idoo of Edsiross	100	26			65-0620375 Not Applied 10	
Suite, Apt. #, etc.		· · · · · · • · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona	al .
22		27				Fee Required	
City & State		i i	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip	Country		28		,	8. This corporation owes or has paid the current year Intangible	
24	25	29				Personal Proporty Tax due June 30. Yes No	
	9. Name and Address of Curi	rent Registered Agen	t			10. Name and Address of New Registered Agent	
	INSOLDT, WILLIAM R JR. S.E. KINDRED ST.			81	Name)	
	UART FL 34994				Street A	t Address (P.O. Box Number is Not Acceptable)	
"	Orall 1 E 04004			83			
				84	City	85 Zip Code	
						FL " `	
office or I	registered agent, or both, in the Sta	ate of Florida. Such ch	ange was autho	orized by	the corp	d corporation submits this statement for the purpose of changing its registe rporation's board of directors. I hereby accept the appointment as registers	ered ed
1	im familiar with, and accept the ob	ligations of, Section 60	07.0505, Florida	Statutes	5.		
SIGNATURE	Signature, typed or pented have of regulered	age of and time if applicable	(NOTE Flog	jistereo Agr	ent signature i	re required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GARRITANO, EUGENE	L.J		1.1 TITLE		Change Add	lition
NAME	DA DAY 201 155		1.2				
STREET ADDRESS CITY-ST-ZIP	STUART FL 34995			1.3 STREET	- 1		
TITLE	2117			21 TITLE	01-7tr	Change Add	dition
NAME			2.21			4	
STREET ADDRESS			2.3 \$		ADDRESS		
CITY-ST-ZIP				2.4 C(1Y-	ST-ZIP		100
TITLE				3.1 TITLE 3.2 NAME		L_J Change L_J Add	lition
NAME STREET ADDRESS					ADDRESS		
GITY-ST-ZIP				34. CITY-5			
TITLE				4.1 TITLE		Change Add	ition
NAME			4.21				
STREET ADDRESS				4.3 STREET			
City-ST-ZIP				4.4 CITY - S	I-ZIP	Change Add	dition
TITLE NAME		LJ		5.1 TITLE 5.2 NAME		Charge Add	HEIOH
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				54 CITY-S			
TITLE				6.1 TITLE		☐ Change ☐ Add	fition

14. I hereby certify that the information supplied with the 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 of 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 of director of the controlling on the receiver of trustee curporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaction with a religious.

6 2 NAME

6.3 STREET ADDRESS

6.4 CITY- \$1-ZIP