

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092802 (4)

1. Corporation Name
GEIDCO ENTERPRISES INC.

Principal Place of Business

24746 OVERSEAS HWY
SUMMERLAND KEY FL 33042

Mailing Address

P O BOX 420709
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0627953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 420497
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GEIDE, WALTER
24746 OVERSEAS HWY
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

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

11. 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 *Walter Geide* PRES.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

DATE

9-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIDE, WALTER	1.2 NAME	
STREET ADDRESS	P.O. BOX 420497	1.3 STREET ADDRESS	29660 RANGER AVE
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIDE, BARBARA	2.2 NAME	
STREET ADDRESS	P.O. BOX 420497	2.3 STREET ADDRESS	29660 RANGER AVE
CITY-ST-ZIP	SUMMERLAND FL	2.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIDE, MICHAEL	3.2 NAME	
STREET ADDRESS	P.O. BOX 420497	3.3 STREET ADDRESS	29660 RANGER AVE
CITY-ST-ZIP	SUMMERLAND KEY FL	3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	400002308744
STREET ADDRESS		4.3 STREET ADDRESS	-10/01/97--01073--006
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Walter Geide* PRES. 9-2-97

FILED
97 SEP 26 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)