## 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** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90024 023 \*\*\*150.00

# DOCUMENT # P9600030000

GEOPROSPECTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

|--|--|--|--|--|--|--|

TAMPA FL 33647  TAMPA FL 33647  TAMPA FL 33647			STAND CIR	DO NOT WRITE IN THIS SPACE					<u>.</u>
							Date Incorporated or Qualifed 03/29/1996		
2. Principal Pla	ice of Business	2a. Mailing Addre	ess				FEI Number		Applied For
21		26				-	<u>59-3423310</u>		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #,	etc.	-			Certificate of Status Desired		75 Additional e Required
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	•	00 May Be ded to Fees
Zip 24	Country 25	Zip <b>29</b>	30 Co	untry		1	This corporation owes the current year In Personal Property Tax.	ntangible Yes	<b>™</b> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
18309 CYPRESS STAND CIR				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
				83				-	

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE	<u>.</u>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	DP [	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	KEPEZHINSKAS, PAVEL		1.2 NAME			
STREET ADDRESS	9302 BROOKHURST		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP			
TITLE	DVTS	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	DEFANT, MARC J		2.2 NAME			
STREET ADDRESS	18309 CYPRESS STAND CIR		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647		2.4 CITY+ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		] DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		] DELETÉ	5.1 TITLE	,	☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			٠
CITY-ST-ZIP	We also the internal and the third files and		6.4 CITY-ST-ZIP	Carting 440 07/2)/(i) Florida Statutas I		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

Zip Code

85