

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000083141 (7)**

1. Corporation Name
GEEKS & GURUS, INC.

Principal Place of Business
**229 TIDES RD
WINTER SPRINGS FL 31708**

Mailing Address
**229 TIDES RD
WINTER SPRINGS FL 32708-3125**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3423494		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JARRETT, DOUG
229 TIDES RD
WINTER SPRINGS FL 31708**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUG JARRETT			1.2 NAME			
STREET ADDRESS	229 TIDES RD			1.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER SPRINGS FL 32708			1.4 CITY - ST - ZIP			
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIKOLAI WENDORF			2.2 NAME			
STREET ADDRESS	209 E GARDENIA DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	ORANGE CITY FL 32763			2.4 CITY - ST - ZIP			
TITLE	VICE PRES.	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON HAWES			3.2 NAME			
STREET ADDRESS	349 WEKIVA COVE RD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779			3.4 CITY - ST - ZIP			
TITLE	SECRETARY - TREASURER	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAN FRANZ			4.2 NAME			
STREET ADDRESS	140 HARROGATE PLACE			4.3 STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 407-387-5526

Date

Daytime Phone #

CR2E034 (9/96)