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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEF'ARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091690 (3)

GEBO CORPORATION USA

		FACTOR FOR								
Principal Place of Business Mailing Address						. ,				
6012 31ST ST I BRADENTON FL	6012 31ST ST E Bradenton FL 34203-5									
						3. Date incorporated or 11/07/1996	Qualified	3a. Da	ate of Last R	Report
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	070	· •	Λr	pplied For
21		26				65-070	77/4	0	····	ot Applicable
Stele, Apt -	#, etc	hara i	Suite, Apt. #, etc.			5. Certificate of Status I	Desired			Additional
22		[27]							· · · · · · · · · · · · · · · · · · ·	equired
City & State		City & State				6. Election Campaign Fi Trust Fund Contributi	-	Γ		May Be to Fees
2 3] Z(p)	Country	28 - Zip	Countr			8. This corporation has				
24	25	29	30	,		Florida Statutes		~ -	□ No	1. 100.002.,
	9. Name and Address of Cu	· , , , · · · · · · · · · · · · · ·	1991			10. Name and Address	of New Re	gistered	Agent	
MILONAS, TASO M					Name					
	MAIN ST		-	B2	Street Add	dress (P.O. Box Number is No	t Acceptat	ole)		
	E 1100			-	Oliber Fice	areas (i .o. box Hairbor is He	n noocpiae			
SAR	ASOTA FL 34236		[1	83						
			Ī	84	City			FL	85 Zip	Code
44 r)	to the provisions of Sections 607.	Of Divinish POZ 15 OO Florida Ctail	Lutas tha ab		o pamod co	contains submits this statem	ent for the r		t changing i	te requirement
SIGNATURE	Sign care styled or printed being of registers OFFICERS	Jago of anotice of an plicable (N	OTE Registered	Age	ant signature requ	uired when reinstating) ADDITIONS/CHANGE	S TO OFFIC	DATE CERS AND	DIRECTOR	RS IN 12
1111	D	DELETE	11 TiJ)	LE		ρ			Change	Addition
NAME	LESPOUX, THIERRY		1.2 NA	ME		MARG AU	RY			
STREET ADORESS	1045 AUTOROUTE CHOME	DEY	1 3 STH	ië i T	ADDRESS	8323 62NA) C	T A	1 ST	
City-\$L.7P	LAVAL QUEBEC CANADA I		14 CiT	Y - S	ST - ZIP	8323 62NI SARASOTA,	FL.	342	43	
1111.6		☐ DELETE	2 1 TITO	LE			•		☐ Change	■ Addition
NAME			2.2 NA	ME						
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CITY ST ZF		T retree	2 4 CII		S1 · ZIP				Change	Addition
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NAME			3.2 NAI							
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STREET ADDRESS					T ADORESS					
City - St - ZiP			4.4 CIT							
Tr't F		DELETE	5.1 TiT	LE					Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5 3 \$17	REET	I ADDRESS					
C(1y - S1 - 7)P			5 4 CiT	Y - 5	31 - ZIP					
1016		L DELETE	61111						L. Change	Addition
NAME			6 2 NA		1					
STPLET ADDRESS					1 ADDRESS					
City-Si AP	by certify that the information sup	miles and the file deep not on	64 CII			and in Section 110 07/20/0 Fin	rida Statut	se I furthe	or partify that	et the
informatic Lam an o	or inchestori on this sumual conort	supplemental annual report in the receiver or trustee employer an attachment with an	is true and a lowered to e	COL	urate and th	at my signature shall have the	e same leo:	al effect a	s if made ur	nder nath: That

SIGNATURE:

941-727-1400

FILED

Mar 24 1997 8:00am

Secretary of State

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