

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000016363 (8)

1. Corporation Name  
GEE SDA, INC.

Principal Place of Business

3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

Mailing Address

3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0729788

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500002735525  
-01/08/99-01113-011  
\*\*\*\*1997PLP\*\*\*\*193.75

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 date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
SAINT-SURIN, GETHO T  
3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
EUGENE, JOSIAS  
3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
BARREAU, RITZA  
3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
LOUNE, GUY  
3861 NORTHEAST 16 AVENUE  
POMPANO BEACH FL 33064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Not notified per Pat

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Director  
Acner Olibris  
3861 NE 16 Ave  
Pompamo Beach Fl. 33064

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Guy Loune  
Director  
3861 NE 16 Ave Pompamo Fl. 33064

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Guliano Loune  
Treasurer  
3861 NE 16 Ave Pompamo Fl. 33064

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Director  
Luc Jean  
3861 NE 16 Ave Pompamo Fl. 33064

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Director  
Bula Detervil  
3861 NE 16 Ave Pompamo Fl. 33064

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Pat 2/31

14. 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 as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-98

Date

954-557-0535

Daytime Phone #

0153474

APPROVED  
AND  
FILED

98 DEC 31 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (10/97)