## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

P97000092857

GECCO, INC.

	.,					
Principal Place	e of Business	Mailing Address			( )	0(11 00111 0E110 19144 1108) 10104 41111 1807 1081
7532 NOVA DR.			7532 NOVA DR.			
DAVIE FL 33328		DAVIE FL 33328				
						E IN THIS SPACE
					3. Date Incorporated or Qualified	
		1 a 14 77 A 4 h			10/28/1997 4. FEI Number	I Applied For
	lace of Business	2a. Mailing Address	·			Applied For Not Applicable
21 Suite Ant	# ata	Suite, Apt. #, etc.			59-3514969	\$8.75 Additional
Suite, Apt. :	# <sub>1</sub> &tG.	27			5. Certificate of Status Desired	Fee Required
City & State	Α	City & State			6. Election Campaign Financing	\$5.00 May Be
23	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the curre	nt year
24	25	29	30	-	Intangible Personal Property.	Yes No
	9. Name and Address of Cur		11		10. Name and Address of New Re	egistered Agent
			•	81 Name		
	UMWAY, TODD	•		82 Street Addr	ress (P.O. Box Number is Not Acceptal	ole)
	32 NOVA DR.			ou con ruda		
DAV	VIE FL 3328 -3332			83		
				84 City		85 Zip Code
				G4 City		FL   S   Z   S   S
11. Pursuant	t to the provisions of sections 607.0	0502 and 607.1508, Florida Statu	ites, the a	bove-named corpored by the corporation	ration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change was bligations of, section 607.0505, f	authoriza Florida Sta	ed by the corporation at the cor	on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
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SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP 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

FILED Sep 21, 1999 8:00 am Secretary of State 09-21-1999 90020 039 \*\*\*550.00