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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098461 1. Corporation Name

GECKO ROAMIN', INC.

Principal Place of Business	Mailing Address
622 GRINNELL ST.	622 GRINNELL S
	NEW WEST EL A

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90078 022 ***150.00



04-12.99

2. Principal Place of Business 2. Mailing Address 2. FEI Number 3. Date Incorporated or Qualifed 11/17/1997 4. FEI Number 65-0799419 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. City & State 7. City & State 8. FEY WEST FLORIDA 8. This corporation owes the current year Intangible 7. Country 8. This corporation owes the current year Intangible	622 GRINNELL ST. KEY WEST FL 33040	KEY WEST FL 33040			
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Applied 3. Lo S Monton ST. 2. By Lo S Monton ST. 2. City & State 3. Country 3. Country 3. Trust Fund Contribution 4. FEI Number 6. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fee 7. Country 7. Country 7. Country 7. Country 7. Country 7. Country 7. Name and Address of Current Registered Agent 8. This corporation owes the current year Intangible 7. Personal Property Tax. 9. Name and Address of Current Registered Agent 8. Name ANTHONY CATALFONO 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)	,		DO NOT V	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0799419 Not Applied 65-0799419 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 2. Zip Country 3. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent CATALFOMO, ANTHONY 517 WHITEHEAD ST. Suite, Apt. #, etc. Suite, Apt. #,	r.	•	3. Date Incorporated or Qual	ifed	
21 3 16 S MONTON ST. 26 3 6 S MONTON ST. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 23 040 25 USA 29 33040 30 USA CATALFOMO, ANTHONY 517 WHITEHEAD ST. City & State Country Suite, Apt. #, etc. Suite, Apt. #, et			11/17/1997		
Suite, Apt. #, etc. Suite, Ap	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
Suite, Apt. #, etc. Suite Apt. #, etc.	316 SIMONTON ST.	26 316 SIMONTON S	65-0799419	Not Applicable	
23 KEY WEST FLORIDA 28 KEY WEST FLORIDA 29 Country 24 33040 25 USA 29 33040 30 USA 9. Name and Address of Current Registered Agent CATALFOMO, ANTHONY 517 WHITEHEAD ST. 28 KEY WEST FLORIDA 29 Country 29 Country 29 Country 29 33040 30 USA 29 33040 30 USA 29 33040 30 USA 29 Name and Address of New Registered Agent 29 Street Address (P.O. Box, Number is Not Acceptable) 20 Street Address (P.O. Box, Number is Not Acceptable) 20 Street Address (P.O. Box, Number is Not Acceptable) 20 Street Address (P.O. Box, Number is Not Acceptable)	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desire	d	
Zip Country 2ip 33040 25 U5A 29 33040 30 USA 9. Name and Address of Current Registered Agent CATALFOMO, ANTHONY 517 WHITEHEAD ST. Sip Country USA 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name AN THONY CATALFONO 82 Street Address (P.O. Box Number is Not Acceptable) 50 6 LOUIS A STREET			6. Election Campaign Finance Trust Fund Contribution	ing Solution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name ANTHONY 517 WHITEHEAD ST. 82. Street Address (P.O. Box, Number is Not Acceptable) 50 6 00015 A STREET	Zip Country		1 C A		
CATALFOMO, ANTHONY 517 WHITEHEAD ST. 81 Name ANTHONY CATALFONO 82 Street Address (P.O. Box, Number is Not Acceptable) 50 6 LOUIS A STREET					
517 WHITEHEAD ST. 82 Street Address (P.O. Box, Number is Not Acceptable) 50 6 LOUIS A STREET			Name ANTHONY CATH	ALFONO	
KEY WEST FL 33040	517 WHITEHEAD ST.				
	KEY WEST FL 33040	83			
84 City Key west FL 85 Zip Code 330		84	City KEY WEST		
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 regist 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 (NOTE: Registered Agent signatu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE ARMSTRONG, CARA ARMSTRONG, CARA 1.2 NAME NAME 2601 S. ROOSEVELT BLVD., #C320 622 GRINNELL ST. 1.3 STREET ADDRESS STREET ADDRESS KEY WEST, FL. 33040 KEY WEST FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE VST KING, EONA 2601 S. ROOSEVELT BLVD., #C320 KING, EDNA 2.2 NAME NAME 622 GRINNELL ST. 2.3 STREET ADDRESS STREET ADDRESS KEY WEST FL . 33040 KEY WEST FL 33040 2.4 CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS ۶ 5.4 CITY-ST-ZIP 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 in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4.CITY.ST.71P

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition

CR2E034 (11/98)