

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-20-1999 90078 022 \*\*\*150.00

DOCUMENT # P97000098461

1. Corporation Name  
GECKO ROAMIN', INC.

Principal Place of Business  
622 GRINNELL ST.  
KEY WEST FL 33040

Mailing Address  
622 GRINNELL ST.  
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0799419

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 316 SIMONSON ST.

Suite, Apt. #, etc.

22 KEY WEST FLORIDA

City & State

23 KEY WEST FLORIDA

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 316 SIMONSON ST.

Suite, Apt. #, etc.

27 KEY WEST FLORIDA

City & State

28 KEY WEST FLORIDA

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY  
517 WHITEHEAD ST.  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name ANTHONY CATALFOMO

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

83

84 City KEY WEST FL 85 Zip Code 33040

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

Anthony Catalfomo

04-12-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ARMSTRONG, CARA  
STREET ADDRESS 622 GRINNELL ST.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE VST ☐ DELETE

NAME KING, EDNA  
STREET ADDRESS 622 GRINNELL ST.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ARMSTRONG, CARA  
1.3 STREET ADDRESS 2601 S. ROOSEVELT BLVD., #C320  
1.4 CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME KING, EDNA  
2.3 STREET ADDRESS 2601 S. ROOSEVELT BLVD., #C320  
2.4 CITY-ST-ZIP KEY WEST, FL 33040

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARA ARMSTRONG RECARA ARMSTRONG

Date

4-12-99

Daytime Phone #

305.293.9988

0152221

CR2E034 (11/98)