FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90109 020 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012302

1. Corporation Name

Principal Place of Business

GEO INVESTMENTS OF FLORIDA, INC.

| 2255 GLADES RD SUITE 218A BOCA RATON FL 33431-7383 | | 2255 GLADES RD., SUITE 218A BOCA RATON FL 33431-7383 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed |
|---|--|---|----------------|--------------|--|--|
| | | | | | | 02/06/1998 |
| Principal Place of Business 2a. Mailing Address | | | | _ | 4. FEI Number Applied For | |
| 21 26 | | | | | APPLIED FOR Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | _ | | 5. Certificate of Status Desired \$8.75 Additional |
| 27 | | | | | Fee Required | |
| City & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip 24 | Country | Zip 29 | 30 | Country | , | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | _ |
| CORPORATION SERVICE COMPANY | | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) |
| 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | " | Oli del Ad | , 10035 (1 .O. DOX 110111001 10 1101 1101011011) | |
| | | | 83 | | | |
| i | | | | 84 | City | 85 Zip Code |
| ı | | | | 04 | City | FL S Z S S C C |
| office or r | to the provisions of Sections 607.050 agistered agent, or both, in the State of familiar with, and accept the obligations. | of Florida, Such cl | nange was auth | onzed by | the corpora | orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | and the Warehalle | /NOTE: Ba | nictored Age | nt authoriture room | uired when reinstating) DATE |
| 12. | | | | 13. | nt alginature requ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD DELETE | | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | - " | | 1,2 NAME | | | |
| STREET ADDRESS | DOTTOTEIN, ALLA | | | TADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431-7383 | • | , | 1.4 CITY-9 | | |
| TITLE | VTD DELETE | | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | EBERHARDT, GERALD J | | 2.2 NAME | | | |
| STREET ADDRESS | 2000 01 1000 00 01 1000 | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33431-7383 | | | 2. 4 CITY- | ST-ZIP | |
| TITLE | | | 3.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | ľ | 3.2 NAME. | } | |
| STREET ADDRESS | | | | 3.3 STREE | TADDRESS | |
| CITY-ST-ZIP | | | | 34. CITY- | | |
| On I-OI-EI | | | | | | |

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 suppliemental 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RECEIVED THE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

DELETE

9. 4. 9 9 416 4-900222

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

Addition