**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90159 029 \*\*\*158.75

## 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

## DOCUMENT # P98000063380

THE GE	EEWORLD COMPANY							
Principal Plac	ce of Business	Mailing Address						
8013 DUNSTABLE CIRCLE ORLANDO FL 32817-1254  ROMANDO FL 32817-1254  ROMANDO FL 32817-1254						•		
					DO NOT WRITE IN T	HIS SPACE	_	
					<ol> <li>Date Incorporated or Qualifed</li> <li>07/16/1998</li> </ol>			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21		26			59-3556495	Not	Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red		
City & Sta	te	27   City & State			6. Election Campaign Financing	\$5.00	<del>`</del>	
23		28			Trust Fund Contribution	Added to	•	
Zip 24	Country 25	Zip	Counti	У	This corporation owes the current year     Personal Property Tax.	r Intangible ☐ Yes	No	
	9. Name and Address of Curr			_	10. Name and Address of New Register	red Agent		
			8	1 Name				
BETANCOURT, GERARDO 8013 DUNSTABLE CIRCLE ORLANDO FL 32817-1254			8	2 Street A	Address (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City	ı	= L   85   Zip C	ode	
agent. I a					orporation submits this statement for the purpose ation's board of directors. I hereby accept the appuished when reinstating)  DATE			
12.		AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE		☐ DELETI	E 1.1 TITLE			AND DIRECTO	RS IN 12	
NAME					411121D	☐ Change	RS IN 12	
STREET ADDRESS			1 2 NAME		PITISID GERAPDO BETANCOURT		RS IN 12	
	<b>4</b>		e e	ET ADDRESS	GERAPDO BETANCOURT 8013 DUNSTABLE CIRCLE		RS IN 12	
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO BETANCOURT

(407) 679-1850