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Secretary of State

05-04-1999 90011 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000071367</u> 1. Corporation Name <u>GEDCO, INC.</u>			
Principal Place of Business <u>5135 INTERNATIONAL DRIVE, UNIT #9</u> <u>ORLANDO, FL 32819</u>		Mailing Address <u>Same</u>	
2. Principal Place of Business 21 <u>5135 INTERNATIONAL DRIVE</u> Suite, Apt., etc. <u>9</u>		2a. Mailing Address 26 <u>Same</u> Suite, Apt., etc.	
22 <u>ORLANDO, FL</u> City & State		27 <u>ORLANDO, FL</u> City & State	
24 <u>32819</u> 25 <u>U.S.A.</u> Zip Country		29 <u>32819</u> 30 <u>U.S.A.</u> Zip Country	
9. Name and Address of Current Registered Agent <u>Evelyn Rosemberg</u> <u>765 MINERVA LAKE</u> <u>LAKE MARY, FL 32746</u>		10. Name and Address of New Registered Agent 81 <u>Evelyn Rosemberg</u> Name 82 <u>765 MINERVA LAKE</u> Street Address (P.O. Box Number is Not Acceptable) 83 <u>LAKE MARY, FL</u> City 84 <u>32746</u> 85 <u>FL</u> Zip Code	
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 <u>Evelyn Rosemberg</u> DATE <u>04-15-99</u> (Signature, typed or printed name of registered agent and date of appointment required when registering)			
12. OFFICERS AND DIRECTORS TITLE <u>President</u> ☐ DELETE NAME <u>Evelyn Rosemberg</u> STREET ADDRESS <u>765 MINERVA LAKE</u> CITY-ST-ZIP <u>ORLANDO, FL 32746</u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <u>STOCK HOLDER</u> ☐ DELETE NAME <u>ISAAC COHAN</u> STREET ADDRESS <u>1504 SOUTH FLOWER STREET</u> CITY-ST-ZIP <u>LOS ANGELES, CA 90015</u>		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <u>STOCK HOLDER</u> ☐ DELETE NAME <u>ARON GOMEN</u> STREET ADDRESS <u>18346 TIORA STREET</u> CITY-ST-ZIP <u>NORTH HOLLYWOOD, CA 90015</u>		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS 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: Evelyn Rosemberg **DATE:** 04-15-99 **Daytime Phone #** (407) 248-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/88)