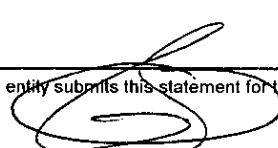
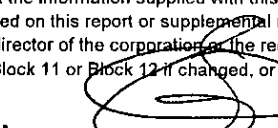


FILED
Jul 15, 2002 8:00 am
Secretary of State

02-11-2002 90035 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091110			
1. Entity Name GEONT, INC			
Principal Place of Business 3502 N POWERLINE RD. POMPANO BEACH, FL 33069		Mailing Address 3502 N POWERLINE RD POMPANO BEACH, FL 33069	
2. Principal Place of Business 3502 N POWERLINE RD Suite, Apt. #, etc. 3502		3. Mailing Address 3502 POWERLINE RD Suite, Apt. #, etc. 3502	
City & State POMPANO BEACH		City & State POMPANO BEACH	
Zip 33069	Country USA	Zip 33069	Country USA
4. FEI Number 65-0874575		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABOU ZAMEL 3205 N POWERLINE RD POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name ABOU ZAMEL Street Address (P.O. Box Number is Not Acceptable) 3205 N POWERLINE RD City POMPANO BEACH FL Zip Code 33069	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees		<input type="checkbox"/> \$5.00	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT ABOU ZAMEL 3205 N POWERLINE RD POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  07-08-02			

CR2E034 (9/99)