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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S11835

1. Corporation Name

GEL-KOR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~ONE PURLIEU PLACE~~

~~3131~~

~~WINTER PARK FL 32792~~

6904 PARKWAY
LANE

ORLANDO FL 32807

~~ONE PURLIEU PLACE~~

~~3131~~

~~WINTER PARK FL 32792~~

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1990

4. FEI Number

59-3036037

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

2a. Mailing Address

21 **6904 PARKWAY LANE**

Suite, Apt. #, etc

22

City & State

23 **ORLANDO FL**

Zip

24 **32807**

Country

25 **ORANGE**

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

SAME

9. Name and Address of Current Registered Agent

KORNMAN, ALAN S.
2933 STARWOOD DRIVE
OVIEDO 32765

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 **D** ☐ DELETE
NAME **GELLER, WENDY E.**
STREET ADDRESS **2933 STARWOOD DRIVE**
CITY-ST-ZIP **OVIEDO FL**

TITLE **D** ☐ DELETE
NAME **KORNMAN, ALAN S.**
STREET ADDRESS **2933 STARWOOD DRIVE**
CITY-ST-ZIP **OVIEDO FL**

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WENDY E. GELLER

3/12/99

407-678-7000

CR2E034 (1/1/98)