

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S64015 (8)

1. Corporation Name

GEOFOCUS, INC.



Principal Place of Business

Mailing Address

**1155 NW 13TH STREET
GAINESVILLE FL 32601
US**

**321 NW 48TH BLYD
GAINESVILLE FL 32607**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 1155 NW 13TH STREET		07/03/1991		05/01/1995	
22 Suite, Apt. #, etc.		27 SUITE A		4. FEI Number		Applied For	
23 City & State		28 GAINESVILLE, FL		59-3073410		Not Applicable	
24 Zip		29 32601		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		XX Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILON, ABBY FROMANG
13308 NW 6TH STREET
GAINESVILLE FL 32601**

81 Name	Dwain Jenkins
82 Street Address (P.O. Box Number is Not Acceptable)	1155 NW 13th Street
83	Suite A
84 City	Gainesville
85 Zip Code	FL 32601

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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Dwain Jenkins **Dwain Jenkins** **8/4/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZWICK, PAUL D			12 NAME	Itin, Thomas W.		
STREET ADDRESS	321 NW 48TH BLVD			13 STREET ADDRESS	7001 Orchard Lake Rd., Suite 424		
CITY-ST-ZIP	GAINESVILLE FL			14 CITY-ST-ZIP	West Bloomfield, MI 48322-3608		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALEXANDER, JOHN F JR			22 NAME	Jenkins, Dwain		
STREET ADDRESS	4236 NW 58TH WAY			23 STREET ADDRESS	1155 NW 13th Street, Suite A		
CITY-ST-ZIP	GAINESVILLE FL			24 CITY-ST-ZIP	Gainesville, FL 32601		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COSTAKIS, DAVID P			32 NAME	Nelson, Dale J.		
STREET ADDRESS	5616 NW 45TH DR			33 STREET ADDRESS	14100 SW 72nd Avenue		
CITY-ST-ZIP	GAINESVILLE FL			34 CITY-ST-ZIP	Portland, OR 97224		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LATIMER, STANLEY S			42 NAME	Ziegler, Thomas K.		
STREET ADDRESS	2006 NW 19TH LN			43 STREET ADDRESS	700 N.W. 12th Avenue		
CITY-ST-ZIP	GAINESVILLE FL			44 CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dwain Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dwain Jenkins

8/4/96

(352) 336-8444

CR2E034 (3/96)