

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # S9763**  
 1. Corporation Name  
**GECKO CUSTOM LAB AND PHO**

*Address Correction*  
*Stegmann Rob*  
*1621-05 Red Cedar Drive*  
*St Myers, Fla 33907*



Principal Place of Business  
**3940 METRO PARKWAY**  
**UNIT 112**  
**FT MYERS FL 33916**  
**US**

DO NOT WRITE IN THIS SPACE

Incorporated or Qualified	
Number <b>126/1991</b>	Applied For
<b>5-0298034</b>	Not Applicable
ification of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
tion Campaign Financing Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name and Address of New Registered Agent</b>	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

**Name and Address of Current Registered Agent**

**STEGMANN, ROB**  
**1621-05 RED CIRCLE DRIVE**  
**FT MYERS FL 33907**

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STEGMANN, ROB</b>
STREET ADDRESS	<b>3940 METRO PKWY #112</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>STEGMANN, MARY</b>
STREET ADDRESS	<b>2908 SECLUSION DRIVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Address Correction</i>
2.3 STREET #	
2.4 CITY-ST	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>VP</i>
3.3 STREET #	<i>Stegmann, Mary</i>
3.4 CITY-S	<i>1908 Seclusion Drive</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Daytona Beach Fla</i>
4.3 STREET	
4.4 CITY-S	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET	
5.4 CITY-S	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET	
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.

SIGNATURE \_\_\_\_\_ #02-98 901-775-5355

CR2E034 (10/97)