

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 14 PM 3:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V02667 (6)
 1. Corporation Name
GEOMETRIX, INC.



Principal Place of Business Mailing Address
300 S. FLORIDA AVE. 300 S. FLORIDA AVE.
100-13 100-B
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1991

4. FEI Number **59-3098522** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WHITCOMB, KENNETH F
300 S. FLORIDA AVE
100-B
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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	P	<input type="checkbox"/> DELETE
NAME	WHITCOMB, KENNETH F	
STREET ADDRESS	300 S. FLORIDA AVE., 100-B	
CITY-ST-ZIP	TARPON SPRINGS FL	
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		
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	700002619427--7
1.4 CITY-ST-ZIP	-08/19/98--01003--002
2.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Kenneth F Whitcomb* **KENNETH F WHITCOMB 7/2/98 813-937-2274**

CR2E034 (5/98)

August 10, 1998

GeoMetrix, Inc.
300 S. Florida Ave 100-B
Tarpon Springs, FL 34689

Annual Reports Filing
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

I contacted your office on or around July 2, regarding the late filing notice that I received. I had filed the form and sent a check for \$150 on April 20th.

I checked my account and the check had not cleared. I called your help line and the gentleman in collections told me to go ahead and file with the 2nd notice and enclose a check for \$150.00, and a letter explaining the problem.


He also informed me that if the check should come in it would either be returned or credited to my account if it got deposited.

I sent the letter and the payment with the form on July 2, however I did not sign the check, and I assume that was the reason it was returned to me.

I called the help line this morning and she informed me that I probably sent it to the wrong address so here it is again.

Thank you for your patience and understanding.

Sincerely,


Kenneth F. Whitcomb
President