

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **VO9642** (2)
1. Corporation Name

GEOFLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 2:25

Principal Place of Business

Mailing Address

**SUITE C, REGENT CENTRE
PO BOX F42683
FREEPORT, BAHAMAS**

**SUITE C, REGENT CENTER
PO BOX F42683
FREEPORT, BAHAMAS**

600003035426-4

-11/04/99--01081--004

DO NOT WRITE IN THIS SPACE *******61.25 *****61.25**

2. Principal Place of Business

c/o ALEX BURSTEIN

2a. Mailing Address

c/o ALEX BURSTEIN

21. Suite, Apt., etc.

251 CONSUMERS RD #100

26. Suite, Apt., etc.

251 CONSUMERS RD #100

22. City & State

WILLOWDALE, ONTARIO

27. City & State

WILLOWDALE, ONTARIO

23. City

Country

M2J4R-3 CANADA

28. Zip

Country

M2J4R-3 CANADA

9. Name and Address of Current Registered Agent

**BEYER, DAVID A.
RODNICK & WOLFE
2000, 101 EAST KENNEDY BLVD
TAMPA, FL 33602-5133**

3. Date Incorporated or Qualified

01/28/1992

4. FEI Number

98-0136199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

HANDLER, HENRY B., ESQ.

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

2255 GLADES ROAD, SUITE 218-A

83.

84. City

BOCA RATON

85. Zip Code

FL 33431

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 agent, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12.

OFFICERS AND DIRECTORS

**PSD
PETER M. ASHTON
PO BOX F42683
FREEPORT, BAHAMAS**

☒ DELETE

N/A

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☒ Addition

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☐ Addition

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 furnished in 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 authorized officer 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

APRIL 23, 1999 416 4900222

Date

Daytime Phone #

CR2E034 (1/98)