

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000094058 (2)**

1. Corporation Name
GEOVERSE, INC.



Principal Place of Business: **412 SOUTHEAST 18TH STREET FT. LAUDERDALE FL 33316**
Mailing Address: **412 SOUTHEAST 18TH STREET FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **01/01/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 11312 STATE ROAD 84**
2a. Mailing Address: **26 11312 STATE ROAD 84**

4. FEI Number: **65-0543457**
Applied For: Not Applicable

Suite, Apt. #, etc. (Blank)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 DAVIE FL**
City & State: **28 DAVIE FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

Zip: **24 33325** Country: **25 USA**
Zip: **29 33325** Country: **30 USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**POLTORACK, RONALD D
412 SOUTHEAST 18TH STREET
FT. LAUDERDALE FL 33316**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLOCK, GEORGE P	1.2 NAME	
STREET ADDRESS	853 SOUTH WIND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326-2133	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLTORACK, RONALD D	2.2 NAME	
STREET ADDRESS	412 SOUTHEAST 18TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, WILLIAM K	3.2 NAME	
STREET ADDRESS	% 412 SOUTHEAST 18 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ADD TITLE "V"

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(5)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **2-28-96** **954.236-0051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RONALD D. POLTORACK** Date: Daytime Phone #

CR2E034 (12/95)