Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000094058 1. Corporation Name

GEOVERSE INC

GEOVEN		Malling Address			•			
Principal Place	of Business	Mailing Address						
11312 SR 84 DAVIE FL 33325 US	;	11312 SR 84 DAVIE FL 33325 US				DO NOT WRITE IN T	HIS SPACE	
50 VV						3. Date Incorporated or Qualifed		
						01/01/1995		
Principal Place of Business     Za. Mailing Address						4. FEI Number	_ Ц	Applied For
21		26				65-0543457	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<del>.</del>	5. ·Certifcate of Status Desired·	ired	
City & State	B	City & State				6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year		
24	25	293	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	·
			\{\	81	Name			
POLTORACK, RONALD D 412 SOUTHEAST 18TH STREET			-	82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>	
FT. LAUDERDALE FL 33316				83				
11.6	AUDENDALE I E 30010			"				
				84 City FL 85 7		ip Code		
agent. I a	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent.	ons of, Section 607.0505, Florid	da Statut	tes.	-	on's board of directors. I hereby accept the a		
12.	OFFICERS AND		13.	-Gon	it arginature requires	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	PTD	☐ DELETE	1.1 TIB.	É			☐ Chan	ge Addition
NAME	BALLOCK, GEORGE P		1.2 NAM	Æ				
STREET ADDRESS	853 SOUTH WIND CIRCLE		1.3 STR	EET	ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33326-2133		1.4 CITY	Y-S1	T-ZIP			
TITLE	SDV	☐ DELETE	2.1 TITL	E			☐ Chan	ge 🔲 Addition
NAME	POLTORACK, RONALD D		2.2 NAN	AE.				
STREET ADDRESS	412 SOUTHEAST 18TH STREET		2.3 STR	REET	FADDRESS .		_	
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CIT	Y-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITL	E.	_		Chan	ge 🗌 Addition
NAME			3.2 NAN	Æ				
STREET ADDRESS			3.3 STR	REET	T ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-S	T-ZIP			
TITLE		☐ DELETE	4.1 TTTL	E.			☐ Chan	ge
NAME			4. 2 NA	ME	-			
STREET ADDRESS			4.3 STR	ŒET	TADDRESS			
CITY-ST-ZIP			4.4 CIT	_	T- ZIP			Daddin-
TITLE		DELETE	5.1 TITL	E			Chan	ige 🗌 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 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 origination of 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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

5.4 CITY-\$T-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

πιε

NAME

POLTORACK

Change

Addition