

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

**FILED**  
**Feb 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 647624 (6)**

1. Corporation Name  
**GEM ENTERPRISES, INC.**



Principal Place of Business Mailing Address

~~XXXXXXXXXX~~ **701 Caroline St** ~~XXXXXXXXXX~~ **701 Caroline St**  
**KEY WEST FL 33040** ~~XXXXXXXXXX~~ **Key West, Fl**  
**US** ~~XXXXXXXXXX~~ **33040**  
**US**

2. Principal Place of Business	2a. Mailing Address
21 <b>701 Caroline Street</b>	26 <b>701 Caroline Street</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Key West, Florida</b>	28 <b>Key West, Florida</b>
24 <b>33040</b> 25 <b>US</b>	29 <b>33040</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>12/07/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1998513</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOODY, GENE E.**  
**701 CAROLINE ST**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MOODY, GENE E.</b>	
STREET ADDRESS	<b>701 CAROLINE ST</b>	
CITY - ST - ZIP	<b>KEY WEST FL</b>	
TITLE	<del>S</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BOONS, DAVID L.</del>	
STREET ADDRESS	<del>201 S. WASHINGTON STX</del>	
CITY - ST - ZIP	<del>KEY WEST FL</del>	
TITLE	<del>S</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BOONS, MARK A.</del>	
STREET ADDRESS	<del>125 S. MARK STX</del>	
CITY - ST - ZIP	<del>FOSTON FL</del>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>Smith, Lorraine</b>	
STREET ADDRESS	<b>701 Caroline Street</b>	
CITY - ST - ZIP	<b>Key West, Florida 33040</b>	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Smith, Lorraine</b>	
1.3 STREET ADDRESS	<b>701 Caroline Street</b>	
1.4 CITY - ST - ZIP	<b>Key West, Florida 33040</b>	
2.1 TITLE		<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 do 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:**  **02/24/97 (305) 294-6637 x150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)