

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F29184** (1)  
1. Corporation Name: **GEMCOR, INC.**



Principal Place of Business: **930 WASHINGTON AVE SUITE 201 MIAMI BEACH FL 33139 US**  
Mailing Address: **P.O. 191439 MIAMI BCH FL 33119-1439 US**

3. Date Incorporated For Qualified: **04/10/1981** 3a. Date of Last Report: **04/03/1995**  
4. FEIN Number: **59-2088842** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **HEISS, CAROLYN 930 WASHINGTON AVE, SUITE 201 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (F.O. Box Numbers Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(4), 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. The relevant appointment as registered agent I am hereby withdrawing and accept the resignation of, Section 607.06(4), Florida Statutes.

SIGNATURE: *Carolyn Heiss* DATE: **4-12-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>HEISS, RICHARD</b>	
STREET ADDRESS	<b>930 WASHINGTON AVE, SUITE 201</b>	
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HEISS, CAROLYN</b>	
STREET ADDRESS	<b>930 WASHINGTON AVE, SUITE 201</b>	
CITY, ST, ZIP	<b>MIAMI BEACH FL</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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the annual report or group 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 manager 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, as charged, or on an attached and authorized basis.

SIGNATURE: *Carolyn Heiss* DATE: **4-12-96** (305) 532-8383  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)