

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY - 1 PM 11:44

DOCUMENT # **G25769**

(2)

1. Corporation Name
GEM TRADING COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1020 HARBOR LAKE DR.
P.O. BOX 1208
SAFETY HARBOR FL 34695**

Main Office Address
**1020 HARBOR LAKE DR.
P.O. BOX 1208
SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1983	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2262426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Debated <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LADELL, BRIAN J. 24 SUMMIT LANE. SAFETY HARBOR FL 34695	10. Name and Address of New Registered Agent B1 Name B2 Street Address; P.O. Box Number is Not Acceptable B3 B4 City B5 Zip Code FL
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11. Pursuant to the provisions of Sections 607.02(2) and 607.1406, 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, if there is, and by the appointment of a registered agent. I am hereby certifying and accepting the change of the above to comply Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D SINGH, HANSRAJ 1020 HARBOR LAKE DR. SAFETY HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D SINGH, JANICE BONITA 1020 HARBOR LAKE DR. SAFETY HARBOR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D YSKES, GEM ANDREA 1020 HARBOR LAKE DR. SAFETY HARBOR FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	P LADELL, BRIAN J 24 SUMMIT LANE. SAFETY HARBOR FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 of this filing, or on an attachment with an address.

SIGNATURE: *Brian J. Ladell* **BRIAN J. LADELL** **4-29-95 (F13) 725-2517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Office