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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90046 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G25769

1. Corporation Name
GEM TRADING COMPANY, INC.



Principal Place of Business: 1020 HARBOR LAKE DR. P.O. BOX 1208 SAFETY HARBOR FL 34695
 Mailing 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
 4. FEI Number: 59-2262426
 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 owes the current year Intangible Personal Property Tax: Yes No

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

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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 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, with all other like empowered.

SIGNATURE: Brian J. Ladell BRIAN J. LADELL 4-19-99 (827) 725-2517

CR2E034 (1/98)