

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

FILED

**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H48873 (4)

1. Corporation Name
GEM EQUIPMENT CORP.



Principal Place of Business 142 E. GRANADA BLVD. P.O. BOX 2855 ORMOND BEACH FL 32176	Mailing Address 142 E. GRANADA BLVD. P.O. BOX 2855 ORMOND BEACH FL 32176-6654
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2. Principal Place of Business 21 142 E. GRANADA BLVD. Suite, Apt. #, etc. 22 SUITE 105 City & State 23 ORMOND BEACH, FL Zip 24 32176	2a. Mailing Address 26 142 E. GRANADA BLVD. Suite, Apt. #, etc. 27 SUITE 105 City & State 28 ORMOND BEACH, FL Zip 29 32176	3. Date Incorporated or Qualified 03/26/1985	3a. Date of Last Report 04/29/1996	4. FEI Number 59-2536734	Applied For Not Applicable
		5. Certificate of Status Desired <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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DICKSON SARAH A 200 S RIDGEWOOD AVE ORMOND BEACH FL 32174				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, JAMES F.		1.2 NAME	
STREET ADDRESS 77 PUTNAM AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, SANDRA		2.2 NAME	
STREET ADDRESS 77 PUTNAM AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, SARAH ANN		3.2 NAME	
STREET ADDRESS 200 SOUTH RIDGEWOOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sarah Dickson* 1/28/97 (904) 677-3192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)