

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 JAN 10 AM 11:30

**DOCUMENT # J68987 (3)**

1. Corporation Name  
**GEMSYS, CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**208 E EAU GALLIE BLVD #13 INDIAN HARBOUR BCH. FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1987** 3a. Date of Last Report **01/13/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **218-A E. EAU GALLIE BLVD, #13** 26 **218-A E. EAU GALLIE BLVD, #13**  
Suite, Apt #, etc. Suite, Apt #, etc.

4. FEI Number **59-2813706** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip 28 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLIS, MICHAEL M.M.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

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

(Signature) (Print or printed name of registered agent and his/her representative)

(Signature) (Print or printed name of registered agent and his/her representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

11 TITLE **DP**  
12 NAME **MONROE, GEORGE E.**  
13 STREET ADDRESS **208 E EAU GALLIE BLV #13**  
14 CITY ST ZIP **INDIAN HARBOUR BCH., F**

11 TITLE  
12 NAME  
13 STREET ADDRESS **218-A E. EAU GALLIE BLVD, #13**  
14 CITY ST ZIP **INDIAN HARBOUR BCH., FL 32937**

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  Change  Addition

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY ST ZIP

25 TITLE  
26 NAME  
27 STREET ADDRESS  
28 CITY ST ZIP  Change  Addition

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY ST ZIP

29 TITLE  
30 NAME  
31 STREET ADDRESS  
32 CITY ST ZIP  Change  Addition

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY ST ZIP

33 TITLE  
34 NAME  
35 STREET ADDRESS  
36 CITY ST ZIP  Change  Addition

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY ST ZIP

37 TITLE  
38 NAME  
39 STREET ADDRESS  
40 CITY ST ZIP  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), 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 in person with that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in the list of officers, directors, or an attachment with an address.

SIGNATURE: **George E. Monroe**  
**GEORGE E. MONROE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/05/95** **407 676 0161**  
Date Telephone