

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J68987 (3)**  
1. Corporation Name  
**GEMSYS, CORP.**



Principal Place of Business: **208-A E EAU GALLIE BLVD #13 INDIAN HARBOUR BCH. FL 32937 US**  
Mailing Address: **218-A E EAU GALLIE BLVD #13 INDIAN HARBOUR BCH. FL 32937 US**

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

3. Date Incorporated or Qualified: **04/20/1987**  
3a. Date of Last Report: **01/10/1995**  
4. FEI Number: **59-2813706**  
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

9. Name and Address of Current Registered Agent  
**WALLIS, MICHAEL M.M.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

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

11. Pursuant to the provisions of Sections 607.0802 and 607.1306, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	MONROE, GEORGE E.	
3. STREET ADDRESS	218-A E EAU GALLIE BLVD #13	
4. CITY, ST, ZIP	INDIAN HARBOUR BCH FL	<input type="checkbox"/> DELETE
5. NAME		
6. STREET ADDRESS		
7. CITY, ST, ZIP		<input type="checkbox"/> DELETE
8. NAME		
9. STREET ADDRESS		
10. CITY, ST, ZIP		<input type="checkbox"/> DELETE
11. NAME		
12. STREET ADDRESS		
13. CITY, ST, ZIP		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information indicates that this is an initial 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 of this filing or an attachment with an address.

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

01/19/96 407 676 0161  
DATE FILED

CR2E034 (12/95)