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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J 68987**
 1. Corporation Name

GEMSYS CORP.

Principal Place of Business: **8869 HAVENRIDGE DR. SARASOTA, FL 34238**
 Mailing Address: **P.O. BOX 19018 SARASOTA, FL 34276**

3. Date Incorporated or Qualified: **04/20/1987** 3a. Date of Last Report: **01/19/1996**
 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

2. Principal Place of Business: **8869 HAVENRIDGE DR. SARASOTA, FL 34238**
 2a. Mailing Address: **P.O. BOX 19018 SARASOTA, FL 34276**
 21. Suite, Apt. #, etc.: **22**
 26. Suite, Apt. #, etc.: **27**
 23. City & State: **28**
 24. Zip: **25** Country: **29** Zip: **30** Country: **31**

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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MONROE, GEORGE E.	
STREET ADDRESS	P.O. BOX 19018 8869 HAVENRIDGE DR.	
CITY-ST-ZIP	SARASOTA, FL 34276 34238	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MONROE, MITZI J.	
STREET ADDRESS	P.O. BOX 19018 8869 HAVENRIDGE DR.	
CITY-ST-ZIP	SARASOTA, FL 34276 34238	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DS
23 STREET ADDRESS	MONROE, MITZI J.
24 CITY-ST-ZIP	P.O. BOX 19018 8869 HAVENRIDGE DRIVE
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SARASOTA, FL 34276 34238
33 STREET ADDRESS	8869 HAVENRIDGE DRIVE
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	900002081729
53 STREET ADDRESS	-02/07/97--01048--035
54 CITY-ST-ZIP	***165.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, on an attachment with an address.

SIGNATURE: **George E. Monroe** DATE: **01/16/96** **441 966 2542**

CR2E034 (9/96)