

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # K02783 (4)**  
1. Corporation Name  
**GEMINI CAPITAL CORPORATION**

Principal Place of Business      Mailing Address  
**14807 HADLEIGH WAY      14807 HADLEIGH WAY**  
**TAMPA FL 33624              TAMPA FL 33624**

2. Principal Place of Business      2a. Mailing Address  
21 **1605-B N Mac Dill Avenue**      26 **1605-B N Mac Dill Avenue**  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
22    27  
City & State                              City & State  
23 **Tampa, FL**                              28 **Tampa, FL**  
Zip    Zip    Country                                      Country  
24 **33607**                                      25 **Hillsborough**                      29 **33607**                                      30 **Hillsborough**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/17/1987**                              **04/20/1994**

4. FEI Number      Applied For  
**59-2857448**                              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 has liability for intangible tax under S. 190.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**FERNANDEZ, ROBERT**      81 Name  
**14807 HADLEIGH WAY**      82 Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33624**      **1605-B North Mac Dill Avenue**

83      84 City      **Tampa,**      85 Zip Code      **FL 33607**

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 fee applicable)      NOTE: Registered Agent signature required when registering      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ROBERT	1.2 NAME	
STREET ADDRESS	14807 HADLEIGH WAY	1.3 STREET ADDRESS	1605-B North Mac Dill Avenue
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	Tampa, FL 33607
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARILYN G.	2.2 NAME	
STREET ADDRESS	14807 HADLEIGH WAY	2.3 STREET ADDRESS	1605-B North Mac Dill Avenue
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	Tampa, FL 33607
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Robert Fernandez      4/27/95      (813) 876-3922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number  
**Robert Fernandez, President**