

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37631 (9)**

1. Corporation Name
GEMTAR, INC.



Principal Place of Business: **11 COMMERCE BLVD. PALM COAST FL 32037**
Mailing Address: **11 COMMERCE BLVD. PALM COAST FL 32037**

3. Date Incorporated or Qualified: **02/24/1992** 3a. Date of Last Report: **03/30/1995**
4. FEI Number: **65-0320570** Applied For: 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **BRENNOCK, MICHAEL J. C/O PALM COAST DATA, LTD. 11 COMMERCE BLVD. PALM COAST FL 32137**
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CDT	NAME: BRENNOCK, MICHAEL J. STREET ADDRESS: 11 COMMERCE BLVD. CITY-STATE-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PSD	NAME: SCHERER, ROBERT L. STREET ADDRESS: 11 COMMERCE BLVD. CITY-STATE-ZIP: PALM COAST FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: LESTER, MARSHALL N. STREET ADDRESS: 1345 AVE. OF THE AMER. CITY-STATE-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	NAME: LEVINE, SALLY ANNE STREET ADDRESS: 1345 AVE. OF THE AMER. CITY-STATE-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE: <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 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 I am an officer or director of the corporation.

SIGNATURE: *Michael J. Brennock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

CR2E034 (12/95)