


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000074952 (0)
 1. Corporation Name
 GEMCRAFT, INC.



Principal Place of Business
 10099 NW 89 AVE
 BAY 2
 MEDLEY FL 33178
 US

Mailing Address
 10099 NW 89 AVE
 BAY 2
 MEDLEY FL 33178
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21	16407 NW 8 Ave	2a. Mailing Address	16407 NW 8 Ave
22	None	27	None
23	Miami FL	28	Miami FL
24	33169	29	33169
25	Dade	30	DADE

3. Date Incorporated or Qualified
 10/07/1994

4. FEI Number
 65-0527825

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LEWIS, KATHRYN A
 1627 BRICKELL AVE.
 UNIT 1006
 MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KATHRYN A	1.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE., UNIT 1006	1.3 STREET ADDRESS	16407 NW 8 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33169
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, HARRY D.	2.2 NAME	
STREET ADDRESS	10099 NW 89 AVENUE #2	2.3 STREET ADDRESS	16407 NW 8 Ave
CITY-ST-ZIP	MEDLEY FL	2.4 CITY-ST-ZIP	Miami FL 33169
TITLE		3.1 TITLE	<input checked="" 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/16/98

CR2E034 (5/98)