


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90207 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071596

1. Corporation Name
GEM ISLAND INVESTMENT, INC.



Principal Place of Business 3300 PGA BLVD SUITE 805 PALM BEACH GARDENS FL 33410	Mailing Address 3300 PGA BLVD SUITE 805 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 09/15/1995	4. FEI Number 65-0607291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STONE, HELEN E
3300 PGA BLVD., STE 805
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STONE, HELEN E	
STREET ADDRESS	3300 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BAYER, CHARLES M JR.	
STREET ADDRESS	3300 PGA BLVD., STE 805	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZERBOCK, LAURA M	
STREET ADDRESS	3300 PGA BLVD., STE 805	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAFFER, MARGARET B	
STREET ADDRESS	3300 PGA BLVD., STE 805	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REYNOLDS, SHEILA BIGGS	
STREET ADDRESS	3300 PGA BLVD., STE 805	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	YAWN, TILARA E	
STREET ADDRESS	3300 PGA BLVD., STE 805	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Charles M. Bayer **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)