

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000085894 (0)**

1. Corporation Name

**GEM INDUSTRIAL SUPPLY, INC.**



Principal Place of Business

**5040 SW 29TH WAY  
FT LAUDERDALE FL 33312**

Mailing Address

**PO BOX 1433  
DANIA FL 33004**

3. Date Incorporated or Qualified

**11/08/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

Signature typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD  
MAERKEL, EUGENE J  
5040 SW 29TH WAY  
FT LAUDERDALE FL 33312**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VSTD  
DE VITA, MICHAEL A  
5040 SW 29TH WAY  
FT LAUDERDALE FL 33312**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-STATE-ZIP

2 1 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-STATE-ZIP

3 1 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-STATE-ZIP

4 1 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-STATE-ZIP

5 1 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-STATE-ZIP

6 1 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 CITY-STATE-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 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 changed, or on an attachment with an address.

SIGNATURE: **MICHAEL A. DE VITA** *Michael A. DeVita* Feb. 26, 1996 1954-961-3455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)