

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 574883 (5)
1. Corporation Name
GEM INDUSTRIES, INC.



Principal Place of Business: 5030 HIATUS ROAD, SUNRISE FL 33351
Mailing Address: 5030 HIATUS ROAD, SUNRISE FL 33351

3. Date Incorporated or Qualified: 06/07/1978
3a. Date of Last Report: 06/26/1995
4. FEI Number: 22-1856946
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 7675 GRANVILLE DR
22 Suite, Apt #, etc
23 TAMARAC, FL
24 33321
25 USA
26 7675 GRANVILLE DR
27 Suite, Apt #, etc
28 TAMARAC, FL
29 33321
30 USA

9. Name and Address of Current Registered Agent
BIEDERMAN, IRVING
2163 BAY CT
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
81 Name: BIEDERMAN, IRVING
82 Street Address (P.O. Box Number is Not Acceptable): 7675 GRANVILLE DR
83 City: TAMARAC
84 City: TAMARAC FL 85 Zip Code: 33321

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 filing change)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BIEDERMAN, IRVING	
STREET ADDRESS	2163 BAY CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIEDERMAN, RICHARD	
STREET ADDRESS	4340 NW 103 TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO, PRES., V.P., SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BIEDERMAN, IRVING	
13 STREET ADDRESS	7675 GRANVILLE DR	
14 CITY-ST-ZIP	TAMARAC FL 33321	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Biederman JUN 18, 1996 954-720-4560
IRVING BIEDERMAN

CR2E034 (3/96)