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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	.,	
DOCUMENT #	P93000074515	(6)

THE GEMETA COMPANY

FILED

Jan 14 1997 8:00am Secretary of State



Principal Pla	ane of Business	Mailing Address			ı de Burakt eta inidik etili datet darit. A	BIRT MATTI LAMEL MANDE	BANDA 11001 DAG 1001
	ND AVE. SOUTH FILLE BEACH FL 32250	350 SECOND AVE. SO JACKSONVILLE BEAC		414			
					3. Date Incorporated or Qualified 10/15/1993	3a. Date of L	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-3215165		Not Applicable
Suite, Ap	ot #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	.75 Additional
22		27				F	ee Required
City & Si	ale	City & State			6. Election Campaign Financing		5.00 May Be
23	T. Compt.	28	Cour	, les	Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Cour	itr y	8. This corporation has liability for	intangible tax un Yes 🔲 No	der s. 199.032,
24	25] 9. Name and Address of Curre	29 29 Anent	30		Florida Statutes 10. Name and Address of New Re		
	NOE, WILLIAM G JR			81 Name		giotolou rigorit	
	599 ATLANTIC BLVD., SUITE 6		Į				
	ATLANTIC BEACH FL 32233			82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	İ
,	RIDUTIO PENOITIE SEESS		}	83			
			Į.				
				84 City		FL 85	Zip Code
11 Pursure	et to the provisions of Sections (07.0)	√02 and 607 1508. Flor-da Stat	utes the ah	ove-named c	ornoration submits this statement for the t	I	oing its registered
office or agent I SIGNATURE	l am famil ar with, and accept the obli :	gations of, Section 607 0505, I	Florida Statu	ıtes.	orporation submits this statement for the pration's board of directors. I hereby acce		int as registered
40	Signature type in point diffusion of regularity a			Agent signature for	equired when reinstating)	DATE	CTOPC IN 12
12.	OFFICERS A	ND DIRECTORS DELETE	13.	- T	ADDITIONS/CHANGES TO OFFIC	Ch Ch	
TITLE	ASLANI, ASLAN E	bttile	† 1 TIT	ł			ange [] Addition
NAME OZDECE BOOLES	DEC CECONO AVE C		1 2 NA	REET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL						
CITY-SI-ZIP	STD	DELETE	2.1 111	Y-ST-ZIP		□ Ct	nange Addition
	STYERS, ALETA A	L Ditter	2.2 NA	F			ange
NAME	DEA CECOND AVE C			MEET ADDRESS			
STREET ADDRESS	JACKSONVILLE BCH FL		1	1			
CITY-S1-ZIP TITLE	OVOVOCATILET DOLLT	DELETE	3.1 111	IY-ST-ZIP		☐ Ch	nange Addition
NAME			3.2 NA			0,,	J
STREET ACCRESS	e			REET ADDRESS			
CITY-ST-7IP				TY ST-ZIP			
TITLE		☐ DEL€TE	4 1 11			☐ Ci	nange Addition
NAME			4 2 N/				· · ·
STREET ADDRESS	5			REET ADDRESS			
CITY - \$1 - 7(P	-)			Y - SI - ZiP			
1111E		DELFTE	51 711			☐ Ch	nange Addition
NAME			5.2 NA	1			-
STREET ADDRESS	s			REET ADDRESS			
CHY ST-72				Y-ST-ZIP			
TITLE		DELETE	6.1 III			Cr	hange Addition
NAME			6.2 NA			<u> </u>	
STREET ADDRESS	s			REET ADDRESS			
CHY-ST-ZIP	~ <u> </u>			Y-ST-ZIP			
OH 1 21 41	[0.9 (1)	1 31.51			

14. It do 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 graphy 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 or any property of the same legal effect as if made under oath; that

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR