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FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 647624

(6)

1. Corporation Name

GEM ENTERPRISES, INC.

Principal Place of Business

~~XXXXXXXX~~ 701 Caroline St
KEY WEST FL 33040
US

Mailing Address

~~XXXXXXXX~~ 701 Caroline St
~~XXXXXXXXXXXX~~ Key West, Fl
US 33040



2. Principal Place of Business

21 701 Caroline Street

Suite, Apt. #, etc.

22 City & State

23 Key West, Florida

Zip

24 33040

Country

25 US

2a. Mailing Address

26 701 Caroline Street

Suite, Apt. #, etc.

27 City & State

28 Key West, Florida

Zip

29 33040

Country

30 US

3. Date Incorporated or Qualified

12/07/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1998513

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOODY, GENE E.
701 CAROLINE ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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

Signatures of officers, directors, and registered agents are required when reinstating.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD
NAME: MOODY, GENE E.
STREET ADDRESS: 701 CAROLINE ST
CITY - ST - ZIP: KEY WEST FL

TITLE ☒ DELETE

S
NAME: ~~BOON, DAVID L.~~
STREET ADDRESS: ~~201 S. WASHINGTON ST~~
CITY - ST - ZIP: ~~MIAMI FL~~

TITLE ☒ DELETE

S
NAME: ~~BOON, DAVID L.~~
STREET ADDRESS: ~~125 S. WASHINGTON ST~~
CITY - ST - ZIP: ~~MIAMI FL~~

TITLE ☐ DELETE

S
NAME: Smith, Lorraine
STREET ADDRESS: 701 Caroline Street
CITY - ST - ZIP: Key West, Florida 33040

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

S

Smith, Lorraine
701 Caroline Street
Key West, Florida 33040

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/97

(305) 294-6637 x150

CR2E034 (9/96)