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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009991

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90111 006 ***150.00

GEM FIN	IANCIAL GROUP, INC.							
Principal Place	e of Business	Mailing Address			r i Baribar ing raira arrit abrit adira barsi an	en gy ng (1889-1 8 81	# (\$101 1151 1851	
2000 111 2 112 112111		2888 W. LAKE MARY BLVD.						
LAKE MARY FL 32746 LAKE MAR		LAKE MARY FL 32746	MARY FL 32746		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					01/31/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-3360647	· N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			S. Continuate of Clark Decirco		equired	
City & State	е	City & State			6. Election Campaign Financing		May Be	
23		28	Country		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country 30		This corporation owes the current year Personal Property Tax.	Intangible	□No	
24	9. Name and Address of Currer		30		10. Name and Address of New Registere			
	a. Italiia aliu Audiasa di Cultai	in redigion whent	81	Name				
MCN	IAMARA, THOMAS P		-	0: 14	Idress (P.O. Box Number is Not Acceptable)			
	BAY TO BAY BLVD.		82	Street Ad	idress (P.O. box Number is Not Acceptable)			
	E 309		83					
TAM	PA FL 33629		84	City		. 85 Zip	Code	
				"	F	LII		
11, Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the obligations.	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Flori	s, the above thorized by da Statutes	e-named co the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing it pointment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and titte if applicable. (NOTE: F	Registered Ager		orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Ager			AND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and titte if applicable. (NOTE: F	Registered Ager		uired when reinstating) DATE		ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DP MCNAMARA, GREGORY J	ent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature requ	uired when reinstating) DATE	AND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DP MCNAMARA, GREGORY J 2888 W. LAKE MARY BLVD.	ent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	uired when reinstating) DATE	AND DIRECT	ORS IN 12	
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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.

SIGNATURÉ:

IGNATURE REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-324-8557 Dayline Phone #