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May 14, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 340651

1. Corporation Name

GEMAIRE DISTRIBUTORS INC.

Principal Place of Business

%RONALD P. NEWMAN, %WATSCO, INC.
2665 S BAYSHORE DR. STE 901
COCONUT GROVE FL 33133

Mailing Address

%RONALD P. NEWMAN, %WATSCO, INC.
2665 S BAYSHORE DR. STE 901
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1969

4. FEI Number

59-1237755

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

KENNETH A. PERKINS
GEMAIRE DISTRIBUTORS, INC.
2151 W. HILLSBORO BLVD #400
DEERFIELD BEACH FL 33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME D
STREET ADDRESS NAHMAD, ALBERT
CITY-ST-ZIP 2665 S BAYSHORE DR
COCONUT GROVE FL

TITLE NAME ☐ DELETE

NAME P
STREET ADDRESS PERKINS, KENNETH A.
CITY-ST-ZIP 2151 W. HILLSBORO BLVD #400
DEERFIELD BEACH FL

TITLE NAME ☐ DELETE

NAME D
STREET ADDRESS LOGAN, BARRY
CITY-ST-ZIP 324 CADIMA AVE
CORAL GABLES FL

TITLE NAME ☐ DELETE

NAME VP FUMAGALI, OSCAR J.
STREET ADDRESS 2151 W. HILLSBORO BLVD, #400
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE NAME ☒ DELETE

NAME D
STREET ADDRESS TAPELLA, GARY
CITY-ST-ZIP 350 LEXINGTON AVE
NEW YORK NY

TITLE NAME ☒ DELETE

NAME D
STREET ADDRESS LEPRI, DANIEL B.
CITY-ST-ZIP 350 LEXINGTON AVE
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)