

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 02 1997 8:00am  
Secretary of State

DOCUMENT # **F01930** (9)

1. Corporation Name  
**GEMINI ELECTRONICS, INC.**

Principal Place of Business

**5401 S. BRYANT AVE.  
SANFORD FL 32773  
US**

Mailing Address

**5401 S. BRYANT AVE.  
SANFORD FL 32773  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/16/1980</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2044647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1680 TIMOCUAN WAY</b>	26 <b>1680 TIMOCUAN WAY</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>LONGWOOD FL</b>	28 City & State <b>LONGWOOD, FL</b>
24 Zip <b>32750</b>	29 Zip <b>32750</b>
25 Country <b>USA</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**DAVIS, JESSE  
1680 TIMOCUAN WAY  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>DAVIS, JESSE</b>	1.2 NAME	<b>DAVIS, JESSE W.</b>
STREET ADDRESS	<b>5401 S BRYANT AVE</b>	1.3 STREET ADDRESS	<b>1680 TIMOCUAN WAY</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
TITLE	<b>VTS</b>	2.1 TITLE	<b>VTS</b>
NAME	<b>DAVIS, DONNA G</b>	2.2 NAME	<b>DAVIS, DONNA G.</b>
STREET ADDRESS	<b>5401 S BRYANT AVE</b>	2.3 STREET ADDRESS	<b>1680 TIMOCUAN WAY</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	2.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (4/97)