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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F57543

GEMSTAR REALTY, INC.

NELSON, JAMES

1223 N. SATURN AVE. **CLEARWATER FL 34615**

GEWSTAN NEALTT, INC.			
Principal Place of Business	Mailing Address	1 1421100 tips only 1950 divid along the state of the	#18-1 4-4 41PIT 818-1 F8-
1266 ROGERS ST. STE G P.O. 80X 10199 CLEARWATER FL 34617-5199	1266 ROGERS ST. STE G P.O. BOX 10199 CLEARWATER FL 34617-5199	DO NOT WRITE IN TH S SP	ACE
VEE/411112 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		 Date ir corporated or Qualifed 12/08/1981 	
2. Principa Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2150411	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cour try 24 25	Zip Cour 29 30	9. 11113 511 per annu 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gible]Yes ☑N o
9. Name and Address of Cu		10. Name and Address of New Registers d Ag	ent

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 recistered

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City

Street Address (P.O. Box Number is Not Acceptable)

agent. I am familiar with, and accept the obligat ons of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agen and title if applicable.	(NO1 E; Registered Agent signature r	e rec used when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST DE	LETE 1.1 TITLE	☐ Change ☐ Addition			
NAME	NELSON, JAMES W	1.2 NAME				
STREET ADDRESS	1223 N SATURN AVE	1.3 STREET ADDRESS	s			
CITY-ST-ZIP	CLEARWATER, FL 33515	1.4 CITY-ST-ZIP				
TITLE	□ DE	LETE 2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDR ESS	•	2.3 STREET ADDRESS	s			
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	□ DE	LETÉ 3.1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADOR ESS		3.3 STREET ADDRESS	s			
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	□ DE	LETE 4.1 TILE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS	s			
CITY-ST-ZIP		4.4 CITY- ST-ZIP				
TITLE	☐ DE	LETE 5.1 TITLE	☐ Change ☐ Addition			
NAME		52 NAME				
STREET ADDRESS		5 3 STREET ADDRESS	S			
CITY-ST-ZIP		5.4 CITY- ST- ZIP				
TITLE	□ DE		☐ Change ☐ Addition			
NAME		62 NAME				
STREET ADDF ESS		6 3 STREET ADDRESS	s			
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

14. I hereby certify that the information sopplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made and that am an officer or director of the corporation or the ecciver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address with an other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90033 040 ***150.00

Applied For Not Applicable

Zip Code

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