

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

FILED

May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F96Q00003100 (2)**

1. Corporation Name  
**GEMINI INTEGRATED FINANCIAL SERVICES CORP.**

Principal Place of Business <b>1584 YELLOWHEART WAY HOLLYWOOD FL 33019</b>	Mailing Address <b>1584 YELLOWHEART WAY HOLLYWOOD FL 33019-4880</b>
---	--



2. Principal Place of Business 21 <b>ONE E. BROWARD BLVD</b> Suite, Apt. #, etc. 22 <b>700</b> City & State 23 <b>FT. LAUDERDALE, FL</b> Zip 24 <b>33301</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>ONE E. BROWARD BLVD</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>06/19/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0668011</b>		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LEINWAND, JONATHAN 1584 YELLOWHEART WAY HOLLYWOOD FL 33019</b>		10. Name and Address of New Registered Agent 81 Name <b>JONATHAN LEINWAND</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>ONE E. BROWARD BLVD</b> 83 <b>Suite 700</b> 84 City <b>FT. Lauderdale</b> FL 85 Zip Code <b>33301</b>	
--	--	---	--

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: *Jonathan B. Mortham* **JONATHAN LEINWAND** DATE: **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VC</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEINWAND, JONATHAN</b>	1.2 NAME	<b>JONATHAN LEINWAND</b>
STREET ADDRESS	<b>1584 YELLOWHEART WAY</b>	1.3 STREET ADDRESS	<b>ONE E. BROWARD BLVD, STE 700</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEBOW, RANDY H</b>	2.2 NAME	
STREET ADDRESS	<b>25 RAMBLEWOOD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VAUGHAN, ONTARIO L4J 6R8</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jonathan B. Mortham* **JONATHAN LEINWAND** DATE: **4-22-97** 954-713-2807

CR2E034 (9/96)