

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

FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005155 (4)**

1. Corporation Name

**GEMINI FINANCE COMPANY**

Principal Place of Business

**747 3RD AVE #4C  
NY NY 10017**

Mailing Address

**747 3RD AVE #4C  
NY NY 10017**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>09/25/1996</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>13-3898117</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	Country	<b>28</b> Zip	Country	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 type for printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DCP</b>	<b>GRANOFF, GARY C</b>	<b>2 FIR DR</b>	<b>GREAT NECK NY 11024</b>	<input type="checkbox"/>				
	<b>DVP</b>	<b>WALKER, ELLEN M</b>	<b>28 BASKETNECK LN</b>	<b>REMSBURG NY</b>	<input type="checkbox"/>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DVP</b>	<b>FORLENZA, LEE A</b>	<b>15 SUTTON PLACE, APT 13A</b>	<b>NY NY</b>	<input type="checkbox"/>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D</b>	<b>WEINSTOCK, STANLEY H</b>	<b>70 FIR DR</b>	<b>ROSLYN NY 11576</b>	<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D</b>	<b>ETRA, STEVEN</b>	<b>HEATHER HILLS RD</b>	<b>BROOKVILLE NY</b>	<input type="checkbox"/>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/>				<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

SIGNATURE:

*[Signature]* Pres

2/4/98

(212) 317-2807

CR2E034 (10/97)