Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

DOCUMENT # F98000004848

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

THE GEMESIS CORPORATION

Principal Place of Business	Mailing Address
595 BAY ISLES ROAD LONGBOAT KEY FL 34228	595 BAY ISLES ROAD LONGBOAT KEY FL 34228

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90073 010 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

08/26/1998 4. FEI Number

59-3423268

5. Certificate of Status Desired

6. Election Campaign Financing

23		28			_	Trust Fund	Contribution		Ad	ded to	Fees
Zip	Country	Zip	Zip Country				ration owes the	current year Inta		_	_
24	25	29	30				roperty Tax.		∐ Yes	L	_No
	9. Name and Address of Current F	Registered Agent				10. Name and	Address of No	w Registered	Agent		
				81 Nar	me						
	IG, TOM L		Ì	82 Stre	et Addres	ss (P.O. Box Nu	mber is Not Acc	eptable)			
	BAY ISLES ROAD							·			
LON	GBOAT KEY FL 34228			83							j
			}	84 City			_		85	Zip Co	ode
								FL	.	-	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	authorized	by the co	ned corpor orporation	ation submits th 's board of direc	is statement for ctors. I hereby a	the purpose of ccept the appoi	changin ntment a	ng its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signat	ture required v	when reinstating)	_	DATE			
12.	OFFICERS AND		13.				CHANGES TO	OFFICERS AN	D DIRE	CTOF	RS IN 12
TITLE	С	☐ DELETE	1.1 TIT	LÉ	٥	_			Cha	ange	Addition
NAME	BUFFET, THOMAS V		1.2 NA	ME	HA	RRY S. 1	EFEWMIN	lo O de de o de	_		
STREET ADDRESS	595 BAY ISLES ROAD		1.3 STI	REET ADDRE	ESS 5	95 BAY	I SLES	KD., #20	0		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		14 CIT	Y-ST-ZIP	L	ONBOAT	KEY, FL	34228	· · · ·		
TITLE	CP	☐ DELETE	2.1 TIT		0	1			Cha	inge	Addition
NAME	CLARKE, CARTER W		22 NA	ME	40	IRIY SE	MENOV	a			l l
STREET ADDRESS	595 BAY ISLES ROAD		2.3 ST	REET ADDR	ESS 5	95 BAY	ISLES	<i>K</i> ∆, #200	0		•
CITY-ST-ZIP	LONGBOAT KEY FL 34228			TY-ST-ZIP		ONGBOAT	KEY, FO	34228			
TITLE	D	DELETE	3.1 TIT	LE	V				☐ Cha	ange	Addition
NAME	ABBASCHIAN, REZA DR.		3.2 NA	ME	Te	om L. I	RUING	_			
STREET ADDRESS	595 BAY ISLES ROAD		3.3 ST	REET ADDRI	ESS 5	95 BAY	ISLES	RD, , #2	200		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4. CI	TY-ST-ZIP	Ī	ONG BOAT	KEY. F	L 3422	8		
TITLE	DVST	DELETE	4.1 TIT	LE					Cha	ange	☐ Addition
NAME	DANTE, CHRISTIAN E	•	4, 2 N/	ME							
STREET ADDRESS	595 BAY ISLES ROAD		4.3 ST	REET ADDR	ESS		•				
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CIT	Y-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TIT	LE					Cha	ange	☐ Addition
NAME	HICKS, WAYLAND R		5.2 NA	ME							
STREET ADDRESS	FAR DAY IOLEO DOAD		5.3 ST	REET ADDRI	ESS						
CITY-ST-ZIP	LONGBOAT KEY FL 34228		5.4 CIT	Y-ST-ZIP							
TITLE	D	☐ DELETE	6.1 TIT	LE .					Cha	ange	☐ Addition
NAME	KOZLOV, VLADIMIR		6.2 NA	ME							
STREET ADDRESS	04V 10LEO 004D		6.3 ST	REET ADDR	ESS						
CITY-ST-ZIP	LONGBOAT KEY FL 34228			Y-ST-ZIP							
44 1 5 5	- 416 , that the information availed with	this filing does not qualify:	for the exer	nption st	ated in Se	ection 119.07(3)	(i), Florida Statu	tes. I further cer	tify that	the in	formation
indicated	on this annual report or supplied with	nnual report is true and ac	curate and	that my s	signature :	snall nave the St	ame legal ellect	as it made under	u valli,	uidi i	onicu pre in

officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR D