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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business
1020 HARBOR LAKE DR.

P.O. BOX 1206 SAFETY HARBOR FL 34695

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G25769

(2)

Mailing Address

P.O. BOX 1208 SAFETY HARBOR FL 34695

2a. Mailing Address

City & State

ZιĐ

Suite, Apt. #, etc.

26

28

29

1020 HARBOR LAKE DR.

GEM TRADING COMPANY, INC.

Country

9. Name and Address of Current Registered Agent

25

SAFETY HARBOR FL 34695

LADELL, BRIAN J. 24 SUMMIT LANE.

| Γ ILE D | | | | | | | |
|--------------------|---|--|--|--|--|--|--|
| Apr 23 1998 8:00am | l | | | | | | |
| Secretary of State | | | | | | | |

CH CD

| | | II 31811 QIVII 81011 87813 1037 |
|---|-----------|-----------------------------------|
| DO NOT WRITE | E IN THIS | SPACE |
| 3. Date Incorporated or Qualified | | |
| 02/28/1983 | | |
| 4. FEI Number | | Applied For |
| 59-2262426 | | Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has pa | | unent year Intangible |

10. Name and Address of New Registered Agent

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

| | 84 | City | FL | 85 | Zip Code |
|---|------|---|--|----------------|--|
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State | d by | the corporation's board of directors. I her | nt for the purpose of or reby accept the appo | chang intme | ging its registered ant as registered |

83

Country

30

| | Signature, typed or printed name of registered agent and title | | egistereo Agent signature | |
|----------------|--|----------|---------------------------|---|
| 12. | OFFICERS AND DIREC | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| JULE | D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition ☐ |
| NAME | SI NGH, HANSRAJ | | 1.2 NAME | |
| STREET ADDRESS | 1020 HARBOR LAKE DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 1.4 CITY- ST-ZIP | |
| TITLE | D | DELETE | 2.1 TITLE | Change Addition |
| NAME | SINGH, JANICE BONITA | | 2.2 NAME | |
| STREET ADDRESS | 1020 HARBOR LAKE DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 2.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition ☐ |
| NAME | YSKES, GEM ANDREA | | 3.2 NAME | |
| STREET ADDRESS | 1020 HARBOR LAKE DR. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 3.4. CITY-ST-ZIP | |
| TITLE | P | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAME | LADELL, BRIAN J | | 4. 2 NAME | |
| STREET ADDRESS | 24 SUMMIT LANE. | | 4.3 STREFT ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 4.4 CITY - ST - ZIP | |
| TITLE | | ☐ DELETÉ | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY - S1 - ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREE1 ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this flying 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 coporation or the rederiver of Justice of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an actiress.

CR2E034 (10/97)