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 # G94001 1. Corporation Name

GEM DEVELOPERS, INC.

J						
Principal Plac	e of Business	Mailing Address			_	
9656 BRYANSTON DRIVE 9656 BRYANSTON DRIVE						
ORLANDO FL 32827 ORLANDO FL 32827						DO NOT WRITE IN THIS SPACE
US US						3. Date Incorporated or Qualifed
						03/30/1984
- A: : : : : : : : : : : : : : : : : : :		2- Moiling Address				4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address				59-2395774 Not Applicable
21	# =+=	Suite, Apt. #, etc.	-			\$8.75 Additional
Suite, Apt. #, etc.		⊢ ' '				5. Certifcate of Status Desired Fee Required
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be
¬ ˙	ic.	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	29	30	,		Personal Property Tax.
24	9. Name and Address of Currer		1001	T		10. Name and Address of New Registered Agent
				81	Name	
BRESSLER, NANETTE						4 (C.O. Constitute of Mark Assessable)
9656	BRYANSTON DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)
ORL	ANDO FL 32827			83		
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age			Agent	t signature require	ired when reinstating) DATE DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 T			
NAME	BRESSLER, BRUCE J.			AME		•
STREET ADDRESS	1				ADDRESS	
CITY-ST-ZIP	ORLANDO FL			ITY-S1	T-ZIP	☐ Change ☐ Addition
TITLE	DV	☐ DELETE	2.1 T			Change Addition
NAME	BRESSLER, PHILEP		2.2 N	AME		
STREET ADDRESS			2.3 9	TREET	ADDRÉSS	
CITY-ST-ZIP	ORLANDO FL		_	CITY-\$	T-ZIP	☐ Change ☐ Addition
TITLE	V	☐ DELETE	3.1 T			Citalize C Addition
NAME	BRESSLER, NANETTE			IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ORLANDO FL			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	į.	☐ DELETE		TLE	ľ	
NAME	1			NAME		
STREET ADDRESS	6				ADDRESS	
CITY-ST-ZIP			_	TY- \$1	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TLE		€ Cuange ← Modingui
NAME				IAME		
STREET ADDRESS	3				ADDRESS	
CITY-ST-ZIP				TY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TLE		: Cusude
NAME				IAME		
STREET ADDRESS	s)		6.3 5	REET	T ADDRESS	

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90217 028 ***150.00