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

PROFIT
CORPORATION
ANNUAL REPORT
1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

0521000

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H27687

(3)

GEMINI FIRE EQUIPMENT, INC.

Principal Place of Business Mailing Address						# ####### Bittle (1911) 100/10 Bittle #Bitt 1801 Bibli Bibli Bibli Bibli Bibli Bibli Bibli Bibli	
4350 S.W. 59TH AVENUE, BAY H-6 & H-7 DAVIE FL 33314			4350 S.W. 59TH AVENUE. BAY H-6 & H-7 DAVIE FL 33314				
							3. Date Incorporated or Qualified 10/25/1984
2. Principal Pl	ace of Business	28.	Mailing Address				4. FEI Number Applied For
21		26	0.1. 4-1.1.				59-2456385 Not Applicable
Suite Apt. i		27	Suite, Apt. #, etc.	····			5. Certificate of Status Desired Fee Required
City & State)	-	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	26	Zip Country				
24	25	29	6.147	30	11.0 3		This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Curre		tered Agent	1001			10. Name and Address of New Registered Agent
WEIS	SSMAN, HAROLD				81	Name	Durange Hermall otal
	N. PINE ISLAND RD.				82	Street A	Burgess, Harrell, etal Address (P.O. Box Number is Not Acceptable)
	VITATION FL 33322						776 Ringling Blyd.
				[63		
				}	84	City	85 Zip Code
						S	Sarasota FL 34236
11. Pursuant t	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Stati	utes, the ab	ove	named c	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent Lai	in familiar with, and accept the obli	gations	ection 607.0505, F	Florida Stat	utes	i.	All
SIGNATURE	formed Dotal	the B	ſ				7/30/97
12.	Signature Typed or provid name of registered a OFFICERS A			OTE: Registered	I Ager	nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1LF	PST	NE DINE	DELETE	1.1 181	TI F	Ι,	P
NAME	ROBBINS, JOANNE M.			1,2 NA			
STREET ADDRESS	5740 SW 53 TERRACE			1			4366 Independence Court
CITY: ST-ZIP	DAVIE FL			1.4 CI		Įū	Sarasota, FL 34234
HILE	D		DELETE	2.1 (1)			Change & Addition
NAME	ROBBINS, JOANNE, M			2.2 NA	ME	[3	Janet Nugent Pearce
STREET ADDRESS	5740 SW 53 TERR			2.3 ST	REET	ADDRESS 4	4366 Independence Court
C:TY - S1 - 7IP	DAVIE FL			2. 4 Ci	TY-S		Sarasota, FL 34234
TILLE			DELETE	3.1 10	LE		CFO Change K Addition
NAME				3.2 NA	ME		James J. Doherty, Jr.
STREET ADDRESS				3.3 \$1	reet	ADDRESS 4	4366 Independence Court
CHTV - ST - ZIP				3.4 CI		T-ZIP S	Sarasota, FL 34234
TITLE			☐ DELETE	4.1 117		}	Change Addition
NAME				4 2 N		i	
STREET ADDRESS						ADDRESS	
CHY-ST-ZU			☐ DELETE	4.4 CI		T-ZIP	Change Addition
HILE	•			5.1 TH		ŀ	Land Change Land Addition :
NAME CIPCEZ ANGOCCO				5.2 NA		ADDRESS	
STREET ADDRESS				1		ADDRESS	
CITY-SI-ZIP TITLE			DELETE	5.4 CI		1.514	☐ Change ☐ Addition
NAM:			month or more or in	6.2 NA			
STREET ADDRESS						ADDRESS	
CITY - S1 - ZIP				6.4 CI			
14. I do heret	by certify that the information suppli	ed with th	nis filing does not que	alify for the	exe	mption sta	tated 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.							