FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H51277 (2)

1. Corporation Name
GEMINI IV DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O KOEHLER & WEST, CHARTERED 409 WASHINGTON AVE. STE 805 TOWSON MD 21204	C/O KOEHLER & WEST, CHARTERED 409 WASHINGTON AVE. STE 805 TOWSON MD 21204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2513788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

BEAMAN, A. WAYNE
1673 NOTTINGHAM DR.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	EAGLE, PERRY A.	1.2 NAME		
STREET ADDRESS	1735 HILLOCK LANE	1.3 STREET ADDRESS	21 Hudson Drive	
CITY-ST-ZIP	YORK PA	1.4 CITY-ST-ZIP	York, PA 17402	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	BEAMAN, ARTHUR WAYNE	2.2 NAME		
STREET ADDRESS	1673 NOTTINGHAM DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	LOUSER, RAY	3.2 NAME	Brammer, Rae c/o. Marty Beaman	
STREET ADDRESS	409 WASHINGTON AVE 805	3.3 STREET ADDRESS	605 North Wymore Road	
CITY-ST-ZIP	TOWSON MD	3.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WEST, BRIAN G.	4.2 NAME		
STREET ADDRESS	409 WASHINGTON AVE 805	4.3 STREET ADDRESS		
CITY-ST-ZIP	TOWSON MD	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B. G. W. 1/20/95 410-823-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian G. West, Treasurer

0307485 PP