FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H53577** **(3)**

1. Corporation Name

GEMI, CORP.

Principal Place of Business

P.O. BOX 1585
PONTE VEDRA BEACH FL 32004-1585
US

Mailing Address

P.O. BOX 1585
PONTE VEDRA BEACH FL 32004-1585
US

3. Date Incorporated or Qualified: **04/22/1985**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **22-2613401** [ ] 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

2. Principal Place of Business

21
22 State, Apt. #, etc.
23 City & State
24 Zip [ ] Country 25

2a. Mailing Address

26
27 State, Apt. #, etc.
28 City & State
29 Zip [ ] Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LOBRANO, STEVEN
76 S. LAURA ST, SUITE 2100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of new registered agent, if changing DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	OTROK, MICHAEL J.	
STREET ADDRESS	182 SEA HAMMOCK WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	[ ] DELETE
NAME	HURD, GEORGE A. JR.	
STREET ADDRESS	SANTEE MILL RD. R.D. 2	
CITY-ST-ZIP	BETHLEHEM PA	
TITLE	S	[ ] DELETE
NAME	HUBBS, ROBERT J.	
STREET ADDRESS	SANTEE MILL RD. R.D. 2	
CITY-ST-ZIP	BETHLEHEM PA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 added above or on an attachment with an address.

SIGNATURE: Michael J. Otrok 2/26/96 609-655-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael J. Otrok President DATE Daytime Phone #