

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra F. Morley
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64247 (0)

1. Corporation Name
GEM CREDIT CORPORATION

Principal Place of Business Mailing Address
**% WATSCO, INC.
2665 S BAYSHORE DR. #901
COCONUT GROVE FL 33133** **% WATSCO, INC.
2665 S BAYSHORE DR. #901
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/28/1985 **05/01/1994**

4. FEI Number Applied For
59-2543414 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 No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**NEWMAN, RONALD P.
% WATSCO, INC.
2665 S BAYSHORE DR. #901
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name
KENNETH A. PERKINS

82 Street Address (P.O. Box Number is Not Acceptable)
% GEMAIRE DISTRIBUTORS, INC.

83 **2151 W. HILLSBORO BLVD #400**

84 City FL 85 Zip Code
DEERFIELD BEACH, FL FL 33442

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: *Kenneth A. Perkins* 4/17/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PERKINS, KEN
STREET ADDRESS 198 LOCK ROAD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME NEWMAN, RONALD P.
STREET ADDRESS 2665 S BAYSHORE DR. #901
CITY-ST-ZIP COCONUT GROVE FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE Change Addition

2 NAME **2151 W. HILLSBORO BLVD #400**

3 STREET ADDRESS **2151 W. HILLSBORO BLVD #400**

4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

5 TITLE Change Addition

6 NAME **VICE PRESIDENT**

7 STREET ADDRESS **MANUEL J. PEREZ de la MESA**

8 CITY-ST-ZIP **2151 W. HILLSBORO BLVD #400**

9 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

10 TITLE Change Addition

11 NAME **T**

12 STREET ADDRESS **SERGIO A. RODRIGUEZ**

13 CITY-ST-ZIP **2151 W. HILLSBORO BLVD #400**

14 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 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 110.07(3)(k), 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: *Kenneth A. Perkins* 4/24/95 305-426-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Telephone Number)