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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:03

DOCUMENT # **H67143**

(8)

1. Corporation Name

GEMINI INDUSTRIAL SUPPLY CORP.

Principal Place of Business

**1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES FL 33146**

Mailing Address

**1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1985

3a. Date of Last Report
03/17/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2556811

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 Mo. Or
Added to Fees**

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVIN, STANTON G.
12120 S.W. 70TH COURT
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Numbers 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

(Signature typed in printed capital letters) agent or officer to sign

(Signature typed in printed capital letters) registered agent or officer to sign

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LEVIN, STANTON G.
STREET ADDRESS	12120 SW 70TH CT.
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	SUSSMAN, WILLIAM C.
STREET ADDRESS	1570 MADRUGA AVE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	TD
NAME	ORKIN, JACK LEE
STREET ADDRESS	8000 SW 155TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 afforded in Section 199.032, Florida Statutes. I further certify that the information indicated in 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 report appears in Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE:

Stanton G. Levin, President

(305) 662-1988

(Signature and typed name of signing officer or director)