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

APPROVED AND FILED
95 APR 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51930** **(0)**

1. Corporation Name
GEMSTAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
15900 PINES BLVD PEMBROKE PINES FL 33027 US	15900 PINES BLVD PEMBROKE PINES FL 33027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 101 NW. 72ND AVE
22 Suite, Apt. #, etc.:
23 City & State: PLANTATION, FL
24 Zip: 33317 25 Country: USA

2a. Mailing Address
26: 101 NW 72ND AVE
27 Suite, Apt. #, etc.:
28 City & State: PLANTATION, FL
29 Zip: 33317 30 Country: USA

4. FEI Number: 650184066 Please Correct 65-0184066 ☐ 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 ☑ No

9. Name and Address of Current Registered Agent

MCARDLE, GEORGE E
15900 PINES BLVD
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 101 NW. 72ND AVE.
83:
84 City: Plantation FL 85 Zip Code: 33317

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	D	1.1 TITLE	☐ Change ☐ Addition	
NAME	MCARDLE, GEORGE	1.2 NAME		
STREET ADDRESS	15900 PINES BLVD.	1.3 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition	
NAME	BARR, JOHN	2.2 NAME		
STREET ADDRESS	15900 PINES BLVD	2.3 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition	
NAME	BERNSTEIN, MICHAEL	3.2 NAME		
STREET ADDRESS	15900 PINES BLVD	3.3 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition	
NAME	ROOP, ELIZABETH	4.2 NAME		
STREET ADDRESS	15900 PINES BLVD	4.3 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214	
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)(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: G R McCarl 4/18/95 584-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01T6041 CP