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 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91335** **(4)**

1. Corporation Name
GEMINI CREDIT CORP.

Principal Place of Business	Mailing Address
1377 CLINT MOORE ROAD BOCA RATON FL 33487	1377 CLINT MOORE ROAD BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 1301 W. Newport Center Dr.
22: Suite, Apt. #, etc.
23: Deerfield Beach, FL
24: Zip 33442
25: Country

2a. Mailing Address
26: 1301 W. Newport Center Dr.
27: Suite, Apt. #, etc.
28: Deerfield Beach, FL
29: Zip 33442
30: Country

4. FEI Number: **65-0207789** ☐ 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

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

9. Name and Address of Current Registered Agent

MCKNIGHT, N. PHILIP
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1501 WEST NEWPORT CENTER DRIVE
83
84 City: Deerfield Beach FL 85 Zip Code: 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 _____ 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	PD	11 TITLE		☑ Change ☐ Addition
NAME	MCKNIGHT, N. PHILLIP	12 NAME		
STREET ADDRESS	1377 CLINT MOORE RD	13 STREET ADDRESS	1301 W. Newport Center Dr.	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	T	21 TITLE		☑ Change ☐ Addition
NAME	DECKER, JULIA M.	22 NAME		
STREET ADDRESS	1377 CLINT MOORE RD.	23 STREET ADDRESS	1301 W. Newport Center Dr.	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	VAN ARNEM, HAROLD L.	32 NAME		
STREET ADDRESS	1377 CLINT MOORE RD.	33 STREET ADDRESS	1301 W. Newport Center Dr.	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	DS	41 TITLE		☑ Change ☐ Addition
NAME	ALLEN, BETTY E.	42 NAME		
STREET ADDRESS	1377 MLINT MOORE RD.	43 STREET ADDRESS	1301 W. Newport Center Dr.	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 changed, or on an attachment with an address.

SIGNATURE: Julia M. Decker 4/24/95 305-570-7676
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0278934 CP