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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # L98583 (2)

1. Corporation Name
GEMINI-AMERICA TRADING, INC.

Principal Place of Business Mailing Address
1800 10TH ST S SAFETY HARBOR FL 34695 US **1800 S 10TH ST SAFETY HARBOR FL 34695 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/10/1990** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		59-3029906		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$0.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ODIO, CECILIA 1600 10TH STREET S SAFETY HARBOR FL 34695				81 Name Tope, Philip W. V-Pres.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1600 10th Street S.			
				83			
				84 City Safety Harbor FL 85 Zip Code 34695			

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 familiar with, Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Section 607.0505, Florida Statutes.

SIGNATURE **PHILIP W. TOPE** DATE **4-7-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODIO, CECILIA	1.2 NAME	Odio, Stephen A.
STREET ADDRESS	2340 EDGEWATER LANE	1.3 STREET ADDRESS	2340 Edgewater Lane
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	Largo, FL
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPE, PHIL	2.2 NAME	
STREET ADDRESS	1800 S 10TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, ALINA	3.2 NAME	
STREET ADDRESS	1600 S 10TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: **Philip W. Tope** 3-29-95 813-725-7505