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PROFIT · CORPORATION ANNUAL REPORT

1999

DOCUMENT # L99628



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90099 001 ***150.00

1. Corporation		GEMENT, INC.		•												
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US US									DO NOT WRITE IN THIS SPACE						1	
										3. Date Incorp	orated or Qualife 190	1				}
2. Principal Place of Business				2a. Mailing Address						4. FEI Numbe	r			Appli	ied For	
21				26						<u>59-30269</u>	<u> </u>				Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certifcate of	f Status Desired	<u> </u>		5 Adequ	ditional uired	
City & State	e			City & Sta	ate					6. Election Ca	mpaign Financing		\$5.	00 м	lay Be	7
23			28							Trust Fund	Contribution	' D.	Add	led to	Fees	1
Zip		Country		Zip	_		untry			8. This corpor	ation owes the cu	rrent year int		_	_	ļ
24		25	29	<u></u>		30					roperty Tax.		X Yes	<u> </u>	□No	ł
	9. Name	and Address of Cu	urrent Regi	stered Age	<u>nt</u>		04	Nome		10. Name and	Address of New	Registered	Agent			}
NAT	IONAL CO	RPORATE RESEA	DCH ITD				81	Name						_	_	
	HAYS ST		IIOII LID				82	Street /	Addres	s (P.O. Box Nur	nber is Not Accer	table)				
SUIT							83								-	ł
	LAHASSE I	FL 32301					183								_	ļ
							84	City				FL	. l i	Zip Co		ļ
11. Pursuant	to the provis	ions of Sections 607 ent, or both, in the S	7.0502 and 0	607.1508, F	lorida Statute	es, the	above	e-named	corpor	ation submits thi	s statement for th	e purpose of	changing	g its re	egistered stered	ļ
office of re	egistereo ag	ent, or both, in the a	state of Flori	ida. Sucii ci	lange was a	uuiorize	י עט גיב		JIAUVII	a popular or direct	iora. I ricicoy doc	cht tuo abbou	manorit a	o regn	0.0.00	
agent. i ai	m rammar w	ith, and accept the o	ibligations o	f, Section 60	07.0505, Flo	rida Sta	itutés.									
		ith, and accept the o		t, Section 60	U7.U5U5, Floi	nda Sta	atutes.								<u> </u>	
SIGNATURE		ith, and accept the o	ed agent and title	if applicable.	U7.U5U5, Floi	Registere	ed Agent			rhen reinstating)		DATE				9
SIGNATURE	Signature, typed	ith, and accept the o		if applicable.	(NOTE	Registere	ed Agent			rhen reinstating)	CHANGES TO C	DATE	ID DIREC	CTOR		00,77
SIGNATURE 12. TITLE	Signature, typed	or printed name of registere	ed agent and title	if applicable.	U7.U5U5, Floi	Registere	ed Agent			rhen reinstating)		DATE		CTOR	S IN 12	100
SIGNATURE 12. TITLE NAME	Signature, types D JANSSEI	or printed name of registere OFFICER N, RONALD A.	ed agent and title	if applicable.	(NOTE	Registere 13 1.11	ed Agent TITLE NAME	t signature n		rhen reinstating)		DATE	ID DIREC	CTOR	S IN 12	100,177
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14. I hereby certify that the information supplied with this filing 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 truster 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 autress, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

TOUR LIE

KONALO A JANSEJ

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