


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 043 ****61.25

DOCUMENT # N00000003959			
1. Entity Name GEM SCHOOL AMERICA, INC.			
Principal Place of Business 2000 E. SUNRISE BOULEVARD FT. LAUDERDALE FL 33304		Mailing Address 2000 E. SUNRISE BOULEVARD FT. LAUDERDALE FL 33304	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54004958



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent KENO, CARY 1337 N.E. 17TH AVENUE FT. LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name KENO, CARY Street Address (P.O. Box Number is Not Acceptable) 2000 E. SUNRISE BLVD. City FT. LAUDERDALE FL 33304	
--	--	--	--

NEW ADDRESS →

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cary Keno* **CARY KENO** *FEB. 8, 2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENO, CARY	<i>NEW ADDRESS</i> →	NAME KENO, CARY	
STREET ADDRESS 1337 N.E. 17TH AVENUE		STREET ADDRESS P.O. BOX 7045	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		CITY-ST-ZIP FT. LAUDERDALE, FL 33338	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENO, BRIAN		NAME	
STREET ADDRESS 2000 E. SUNRISE BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENO, BRUCE		NAME	
STREET ADDRESS 2000 E. SUNRISE BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cary Keno* **CARY KENO** *FEB. 8, 2004* **954-761-8842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #