COR ANNL	PROFIT PPORATION UAL REPORT <b>1996</b>	Sandra B Socretar DIVISION OF C	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS		
DOCUN 1. Corporation	MENT # P920	000000569 (3)	)		
· · /	GEMEN DEVELOPMENT	•••			
Principal Place		Mailing Address	- <u>-</u>		ANNI DENT DENT DENT DENT
3921 SW 47T SUITE 1012		3921 SW 47TH AVE SUITE 1012			
	DALE FL 33314	ST LAUDERDALE FL 333 US	314	3. Date incorporated or Qualified	3a. Date of Last Report
	lace of Business		·····	10/26/1992	01/25/1995
21 3921	1 SW 47th ave	28. Mailing Address 26 32 Ju	Hth Que	4. FEI Number 65-0367996	Applied For Not Applicable
Suite, Apt. #		Suite, Apl. #, ctc. 27 Suite, UI	_	5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State	102	6. Election Campaign Financing	- Fee Required
23 Davie	Country Country	28 Davie, FC.	Г	Trust Fund Contribution	Added to Fees
24 <b>333 I</b>		29 33314	30 USA	8. This corporation has liability for in Florida Statutes Yes	[]N₀
	9, Name and Address of Cu		81 Name	10. Name and Address of New Re	<u> </u>
	N, SCOTT			ress (P.O. Box Number is Not Acceptable	
7840 HO	OOD STREET			ess (P.U. Bux Number to recorded)	3)
HULLIN	WOOD FL 33024		83		
			84 City		FL 85 Zip Code
		0502 and 607.1508, Florida Statutes, Florida. Such change was authorized Section 607.0505, Florida Statutes.	, the above-named corporation's boar	ration submits this statement for the purp ro of directors. I hereby accept the appo	
SIGNATURE	ing and booopt the congations of, c	Section 057.0503, Fiolida Statules.			
12.	Signature, typed or printee name of registerant OFFICERS	tagent and ton it applicable. (NOTL: S AND DIRE CTORS	: Registered Agent signature required		
TITLE	PD		<b>13.</b> 1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	GORTON, SCOTT J. 7840 HOOD STREET		1.2 NAME		CERS AND DIRECTORS IN 12
STREET ADDRESS CITY - ST - ZIP	7840 HOOD STREET HOLLYWOOD FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		2E0
TITLE		DELETE	2 1 TILE		Change Addition
NAME STREET ADDRESS	1		22 NAME		پ ··· و
STREET ADDRESS CITY-S1-ZIP	1		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
TITLE	[	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	1		-		
	l		3.2 NAME		
STREET ADDRESS City-St-Zip			3.3 STREET ADDRESS		
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CITY-SI-ZIP TITLE NAME		DELFTE	3.3 STREEF ADDRESS 3.4 CHTY - ST - ZIP 4.1 THTLE 4.2 NAME		Change Addition
CITY-SI-ZIP THLE		DELFTE	3.3 STREET ADDRESS 3.4 CHY - ST - ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS		Changé C Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T4, Lido horreby	certify that the information suppli		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.1 CITY - ST - ZIP 7.1 CITY - ST	or the exemption stated in Section 119.0	Change Addition
CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP 14, 1 do hereby cert/y that	I am an officer or director of the co	DELETE     DELETE     DELETE	3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 9.0 ON OF COMPANY OF COMPANY OF COMPANY OF COMPANY FOR OF COMPANY OF	or the exemption stated in Section 119.0 le and that my signature shall have the sis is report as required by Chapter 607, Flor	Change Addition Change Addition Change Addition (7(3)(K), Florida Statutes. I further