## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P92000001980**1. Corporation Name

GEMINI DIGITAL PRODUCTS CORP.

GEMINA L	DIGITAL THOUGHTO GO!						
Principal Place	e of Business	Mailing Address				##   F   F   F   F   F   F   F   F   F	•
701 S. 5TH ST.		701 S. 5TH ST.					
HOPKINS MN 55343 HOPKINS MN 55343				DO NOT WRITE	IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					10/29/1992		İ
2 Principal Pl	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number		Applied For
	ace of dualifiess	26			65-0365280		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T	Additional
22		27			5. Certicate of Status Desired	Fee	Required
City & State City & State				6. Election Campaign Financing		O May Be	
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zîp	Country	'	8. This corporation owes the currer		
24	25	1==1	30		Personal Property Tax.	☐ Yes	₽ZNo .
•	9. Name and Address of Cur	rrent Registered Agent		Mana	10. Name and Address of New Re	gistered Agent	<del></del>
07.0	NORDODATION OVOTEM		81	Name			
	CORPORATION SYSTEM		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	-
	S. PINE ISLAND RD.		<u> </u>		term the a second result of the contract of th	Section and Control of the Control	
PLAN	NTATION FL 33324		83				
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	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was all oligations of, Section 607.0505, Flor	ida Statutes	ille corporatio	d when reinstating)	DATE	
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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 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, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90047 039 \*\*\*150.00