## 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 # P93000018060

Corporation Name

GEMSTO	ONE PRODUCTIONS, INC.								
Principal Place	of Business	Mailing Address				- 1 1800 (1801 (180 18100 FILL) ORIZI OUZII ODJIZ 8010	A 11881 (814) 884	iio E(ii) E0() [80]	
6811 PHILLIPS	INDUSTRIAL BLVD. BCH. FL 32256	6811 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE BCH. FL 32256 US				DO NOT WRITE IN THIS SPACE			
!	•					3. Date Incorporated or Qualifed 03/04/1993			
2. Principal PI	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21	•	26				59-3182539		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22	هارسينها يدارين سامسيدان الراج	27	. So we is properties and a second in the second			3. Certificate of Status Desired	Fee J	Required	
City & State	8	City & State	<b></b>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country		Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.	Yes	□No		
	9. Name and Address of Curre		. 1.2-1			10. Name and Address of New Registered	1 Agent		
		,		81	Name				
Brindley, don M. 6811 Phillips industrial blyd				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32256				83					
W. 10110 W. 11110 W.									
				84	City	F	L  85   Zi	p Code	
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								registered registered	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DSPT	☐ DELETE	1.1 T	TLE			Change	e 🔲 Addition	
NAME:	BRINDLEY, DON M		1.2 NAME						
STREET ADDRESS	24700 DEER TRACE			TREET	TADORESS				
CITY-ST-ZIP	PONTE VEDRA FL 14		1.4 C	ITY-\$	T-ZIP				
TITLE		☐ DELETE	2.1 T	πE			Change	e 🔲 Addition	
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	TADDRESS				
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NAME			5.2 N		+				
STREET ADDRESS			5.3 S	TREET	TADORESS				

CITY-ST-ZIP

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

MS DILLER EQUIRED NATURE AND TYPED OF PRINTED NAME OF PRINTED

DELETE

3 29 99 (904) 292.405

☐ Change

☐ Addition

Apr 02, 1999 8:00 am Secretary of State

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