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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072152 (0)

**GEMINI GROUP ENTERPRISES, INC.** 

Principal Place of	f Busines

Mailing Address

FT LAUDERDALE FL 33301

920 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301-2312

## FILED Apr 29 1997 8:00am Secretary of State



Surie, Apt. W, etc.  Surie, Ap	Applied For Not Applicable Additional acquired D May Be d to Fees s. 199.032,  D Code its registered s rogistored
Sulfe, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sulfe Coun	Not Applicable Additional Required  May Be I to Fees S. 199.032,  Code Its registered S registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site   Site	Additional Required  D May Be I to Fees s. 199.032,  Code its registered s registered
City & State  Ci	D May Be d to Fees s. 199.032,  Code its registered s rogistored
28	code its registered s registered
Zip   Country   Zip   Country   8. Trius Fund Contribution   Added   Address of Current Registered Agent   10. Name and Address of Current Registered Agent   10. Name and Address of Now Registered Agent   AMERICAN INOFORMATION SERVICES INC 801 BRICKELL AVE SUITE 2400   B2   Street Address (P.O. Box Number is Not Acceptable)	code its registered s registered
28	Code its registered s registered
AMERICAN INOFORMATION SERVICES INC 801 BRICKELL AVE SUITE 2400 MIAMI FL 33131  11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.  SIGNATURE  Signature, byed or printed name of registered agent are ditle flappetative.  Price Price RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. Pursuant to the provisions of Sections 607.050, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. Pursuant to the provisions of sections of operation and the flappetative.  Price Price RS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. Pursuant to the provisions of Sections of Orector of Orector agent are ditle flappetative.  Price Price RS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  29. A	its registered s registered RS IN 12
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SOI BRICKELL AVE SUITE 2400 MIAMI FL 33131  83  R4 City FL 85 Zign Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zign Address (P.O. Box Number is Not Acceptable)  85 Zign Address (P.O. Box Number is Not Acceptable)  86 Zign Address (P.O. Box Number is Not Acceptable)  87 Zign Address (P.O. Box Number is Not Acceptable)  88 Zign Address (P.O. Box Number is Not Acceptable)  89 Zign Address (P.O. Box Number is Not Acceptable)  80 Zign Address (P.O. Box Number is Not Acceptable)  80 Zign Address (P.O. Box Number is Not Acceptable)  81 Zign Address (P.O. Box Number is Not Acceptable)  82 Zign Address (P.O. Box Number is Not Acceptable)  83 Zign Address (P.O. Box Number is Not Acceptable)  84 Zign Address (P.O. Box Number is Not Acceptable)  85 Zign 86 Zign 87 Zign 88 Zign 88 Zign 88 Zign 88 Zign 88 Zign 88 Zign 89 Zign	its registered s registered RS IN 12
SUITE 2400 MIAMI FL 33131  83  84 City FL 85 Zip  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 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 a segent, tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed mane of registered agent and title if appointment.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  13. SIRECT ADDRESS  OITY-ST-ZIP  TITLE  DELETE  1.1 ITILE  DELETE  3.1 ILLE  COOK, LAURA  920 E LAS OLAS BLVD  FT LAUDERDALE FL 33301  1.4 (DIY-ST-ZIP  TITLE  DELETE  3.1 ITILE  COOK, LAURA  920 E LAS OLAS BLVD  FT LAUDERDALE FL  3.2 SIRECT ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 SAMME  3.2 SIRECT ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 ITILE  Change	its registered s registered RS IN 12
MIAMI FL 33131  B3   B4   City   FL   B5   Zip    11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment a segment, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  BIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  DELETE  DELETE  1.1 TILE  DELETE  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  TILE  DELETE  1.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.2 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 SIREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  Change  Change	its registered s registered RS IN 12
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above agent of the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above agent of general agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment at agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature	its registered s registered RS IN 12
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Sig	its registered s registered RS IN 12
The 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 office or registered again, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a 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 tall of applicative. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  HUIZENGA, PAMELA A  920 E LAS OLAS BLVD  FI LAUDERDALE FL 33301  DELETE  1.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  COOK, LAURA  920 E LAS OLAS BLVD  FT LAUDERDALE FL  COOK, LAURA  920 E LAS OLAS BLVD  COOK, LAURA  920 E LAS OLAS BLVD  FT LAUDERDALE FL  Change  CITY-ST-ZIP  DELETE  31 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  DELETE  4.1 TITLE  AMME  AUGHY-ST-ZIP  TITLE  AUGHERDALE FL  Change  Chang	s registered
online of registered agent, of both, in the State of Horida-Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature	s registered
BIGNATURE  Signature, typoid or printed name of registered agent and talle if applicative. (NOTE Registered Agent signature required when relestating)  12. OFFICERS AND DIRECTORS  TITLE  D  HUIZENGA, PAMELA A  STREET ADDRESS  OTY-ST-ZIP  TITLE  D  L  DELETE  1.1 TITLE  D  L  DELETE  1.2 NAME  1.3 SIRRET ADDRESS  OTY-ST-ZIP  TITLE  D  L  DELETE  2.1 TITLE  D  Change  NAME  COOK, LAURA  2.2 NAME  STREET ADDRESS  OTY-ST-ZIP  TITLE  D  DELETE  3.1 TITLE  TITLE  D  DELETE  3.1 TITLE  AMME  3.2 STREET ADDRESS  OTY-ST-ZIP  TITLE  D  DELETE  3.1 TITLE  AMME  4.2 CITY-ST-ZIP  TITLE  D  DELETE  3.1 TITLE  AMME  4.2 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ALT TIT	RS IN 12
Signalure, typed or printed name of registered agent and talle if application.   NOTE Registered Agent signature required whon reinstating)   DATE	
12. OFFICERS AND DIRECTORS  TITLE  D	
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STREET ADDRESS 6.3 STREET ADDRESS	
CITY-SI-ZIP 6.4 CITY-S1-ZIP	4
14. I do 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 information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made ur lam an officer or director of the corporation of the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changes or on an attachment with an address.	