PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA: DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
OCUME orporation Nam GEM MAS	NT # P9 TERS, INC.	3000079	9704 (1))						
Principal Place of Business Mailing Address 14006 VILLAGE SOUARE BLVD TAILAMASSEE 51 32312							I fablight he sales sittl sallt seitt sestt sest seet sætt sens stat salt sigt sæt			
TALLAHASSEE FL 32312 US			TALLAHASSEE FL 32312 US				3. Date Incorporated or Qualified 11/18/1993 11/18/1995 17/21/1995 Applied			
Principal Place o	of Business	⊢ ¬	Mailing Address				59-3208352		Not	Applicable
		26	Suite. Apt. +, etc.				5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, et	c.	27	 ;				Election Campaign Financing Trust Fund Contribution		\$5.00 I	May Be
Zip Country		├ ~¬	Zip Country			8. This corporation has liability for	es ∐No	_	9.032,	
25 29 30 9. Name and Address of Current Registered Agent					Т		10. Name and Address of New Registered Agent			
	LO FL 32344 The provisions of Section agent, or both, in the Section and the obligation of the section of the sec	ns 607.0502 and 60 state of Florida. Such ons of, Section 607.	7.1508, Florida Statu change was author 0505, Florida Statute	utes, the a ized by the es.	84 00ve 00ip		oration submits this statement for the and of directors. I hereby accept the a		FL 85 Zip 6 of changing its reg ont as registered a	
				NCITE RESPAIN	een Agr	nt signature regu	The second second	D,	VIL _	
Z.	OF STD DOERING, ROND/	FICERS AND DIREC		1:			ADDITIONS/CHANGES TO C	PHICERS	Change	Addit
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IAME STREET ADDRESS	2214 TALLAHASS	EE DRIVE				FT ADDRESS - SE-ZIP			Change	Add
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	T		[] DELETE		0 111	ice				

NAME

STREET ADDRESS

6.3 STREET ADDRESS

14. Too hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and ancurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the conjugation of 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 or plunger, or or particularly with an address.

SIGNATURE:

| Conjugation of the conjugation of 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 or plunger, or or particularly with an address.

| Conjugation of the conjugation of the conjugation of the conjugation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes I further than the conjugation of th with an address.

No. 10 - 9-96 904-894-8000
Signing OFFICER OR DIRECTOR

Total OFFICER OR DIRECTOR

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