## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000079704 (1)

GEM MASTERS INC

REICHMAN, MICHAEL A 380 N. JEFFERSON STREET

MONTICELLO FL 32344

22

28

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

23 Zip Country Zip 24 29 30

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1993 4. FEI Number 59-3208352

5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution

Country 8. This corporation owes or has paid the current year Intangible 9, Name and Address of Current Registered Agent

Personal Property Tax due June 30. \_\_\_ Yes 10. Name and Address of New Registered Agent 81 82 Street Address (P.O. Box Number is Not Acceptable) 83

**FILED** 

Aug 19 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

City Zip Code 85 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 egent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD DELU	ETE 1	1.1 TITLE	Change Addition
NAME	DOERING, RONDA	1	1.2 NAME	
STREET ADDRESS	2214 TALLAHASSEE DRIVE	[1	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1	1.4 CITY-ST-ZIP	
TITLE	P DELI	ETE 2	2.1 TITLE	Change Addition
NAME	DOERING, WILLIAM G	[2	2 2 NAME	
STREET ADDRESS	2214 TALLAHASSEE DRIVE	1	2 3 STREET ADDRESS	,
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	
TITLE	DELI	ETE 3	3.1 TITLE	Change Addition
NAME		3	3.2 NAME	
STREET ADDRESS		3	3.3 STREET ADDRESS	
CITY-ST-ZIP		3	3.4 CITY-ST-ZIP	
TITLE	DEL	ETE 4	4.1 TITLE	Change Addition
NAME		4	4.2 NAME	
STREET ADDRESS		4	4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	DEL	ETE !	5.1 TITLE	Change Addition

CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE \_\_\_ Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.2 NAME

14. I hereby certify that the information supplied with his thing 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 trystee 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 an appearance of the corporation of the corporati

SIGNATURE:

NAME

STREET ADDRESS