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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000080181 (9)

GEM APTS. INC.

**FILED** 

May 14 1998 8:00am

Secretary of State

					ļ				
Principal Place of Business Mailing Address							JAN UUKUA KURK U		)(
108 MENORES CORAL GABLES FL		13826 SW 102 CT. MIAMI FL 33176				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						11/19/1993			
<del>-</del>	lace of Business		2a. Mailing Address			4. FEI Number		<del>- + -</del>	oplied For ot Applicable
Suite, Apt.	# atc	Suite Ant # etc	Suite. Apt. #, etc.			65-0464554		\$8.75	
22	π, οιο.	27	<del></del>			5. Certificate of Status Desired		Fee Re	
City & State	6	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes or has p	•		
24	25   29   30   9. Name and Address of Current Registered Agent			<sub>1</sub>		Personal Property Tax due Jun- 10. Name and Address of New R			No
	9. Name and Address of Curre	nt Registered Agent		81 1	Vame	10. Name and Address of New R	egisterea A	Seur	
	PPE, ERIC			"   "	vanie				
13826 S.W. 102 COURT			82 Street Addre			ss (P.O. Box Number is Not Accepta	ible)		
MIA	IMI FL 33176			83				-	
		•				•			
				84 (	Dity		FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s, the a	.bove-n	amed corpo	pration submits this statement for the	purpose of	changing it	s registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such cha <b>nce was a</b>	uthorize	id by th	ie corporatio	on's board of directors. I hereby acce	ept the appo	intment as	registered
~	art ignimal with, and accept into examp	parents on coordan controller, no	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SIGNATURE	Signature, typed or printed name of registered ag	ent and tele if applicable (NOTE	Registere	d Agent s	signaturo requirer	d when reinstaling)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PT			1.1 TITLE				Change	☐ Addition
NAME	KOPPE, ERIC		1.2 N						
STREET ADDRESS	13826 SW 102 CT				DRESS				
CITY-ST-ZIP	MIAMI FL 33176	DELETE	1.4 C		(IP			Change	Addition
TITLE	VS CARV	ר"ז הנדכונ	L DELETE 2.1 T						Addition
NAME	KOPPE, GARY				OBERT				
STREET ADDRESS 13826 SW 102 CT CITY-ST-ZIP MIAMI FL 33178			2.3 STREET 2. 4 CITY - S						
CITY-ST-ZIP TITLE	MIAMI PL 33170	DELETE	3.1 T		ŽĮP			Change	Addition
NAME			3.2 N						
STREET ADDRESS	1			TREET AD	ORESS				
CITY-ST-ZIP			1	CITY-ST-	1				
TITLE		DELETE	4.1 7					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET AD	ORESS				
CITY-ST-ZIP			440	:TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 1	ITLE				Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 \$	STREET AD	DRESS				
CITY-ST-ZIP			5.4 0	CITY-ST-	ZIP				
TITLE		☐ DĒLETE	6.1 T	ITLE				L Change	Addition
NAME				IAME					
STREET ADDRESS			6.3 5	STREET AD	DRESS				

14. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 changist, or on an attachment with an address.