

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).

FILED  
Jul 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT STATE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000074952 (0)

1. Corporation Name  
GEMCRAFT, INC.

Principal Place of Business

10099 NW 89 AVE  
BAY 2  
MEDLEY FL 33178  
US

Mailing Address

10099 NW 89 AVE  
BAY 2  
MEDLEY FL 33178  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

65-0527825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 16407 NW 8 Ave

2a. Mailing Address

26 16407 NW 8 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Dade

27

City & State

City & State

23 Miami FL

28 Miami FL

24 Zip 33169

Country Dade

29 Zip 33169

30 Dade

9. Name and Address of Current Registered Agent

LEWIS, KATHRYN A  
1627 BRICKELL AVE.  
UNIT 1006  
MIAMI FL 33129

10. Name and Address of New Registered Agent

8. Name

8. Street Address (P.O. Box Number is Not Acceptable)

8. City

8. State

FL

8. Zip 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

12. OFFICERS AND DIRECTORS

TITLE PD

NAME LEWIS, KATHRYN A  
STREET ADDRESS 1627 BRICKELL AVE., UNIT 1006  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP

NAME LEWIS, HARRY D.  
STREET ADDRESS 10099 NW 89 AVENUE #2  
CITY-ST-ZIP MEDLEY FL

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

16407 NW 8 Ave  
Miami FL 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

16407 NW 8 Ave  
Miami FL 33169

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

*[Signature]*

7/16/98

CR2E034 (5/98)