

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P95000085894**

1. Entity Name

GEM INDUSTRIAL SUPPLY, INC.



Principal Place of Business

5040 SW 29TH WAY  
FT LAUDERDALE, FL 33312

Mailing Address

PO BOX 1433  
DANIA, FL 33004



02082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0618211

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000051687  
02/16/04-80061-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAERKEL, EUGENE J  
STREET ADDRESS 5040 SW 29TH WAY  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE VSTD  
NAME DE VITA, MICHAEL A  
STREET ADDRESS 5040 SW 29TH WAY  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Michael DeVita MICHAEL DE VITA 2-11-04 954-961-3455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #