FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

| DOCUMENT # P95000088740 (2) GEMSTAR COLLECTIONS, INC. | | | | | | | 1 ATA HARA ATA ATA ATA ATA ATA ATA ATA ATA ATA | 85 (() 83 (8) (| : <u> </u> | IKI 8 jájá 20já 136j |
|--|---|--------------------|---|--------------------|-----------|--------------------------------|--|-------------------------------|---|------------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| · | | | Mailing Address | | | | | | | |
| 5546 OAKLAND PARK BLVD. WEST STE 215 | | | 5546 OAKLAND PARK BLVD. WEST STE 215 | | | | | | | |
| LAUDERHILL FL 33313 | | | LAUDERHILL FL 33313 | | | | | | | |
| | | | | | | | 3. Date incorporated or Qualified | 3a . Da | le of Last F | Report |
| 2 Principal P | lace of Business | T 20 Mai | line Address | | | | 11/20/1995 | .1 | | |
| 21 | RIO O DOSINGS | 26 IVIGI | 2a. Mailing Address | | | | 4. FEL Number 65 - 0619487 | | h | Applied For |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc | | | | | | | Not Applicable 5 Additional |
| 22 | | 27 | — · · · · · · | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | e | City | City & State | | | 6. Election Campaign Financing | | | 00 May Be | |
| 23 | | 28 | 28 | | | | Trust Fund Contribution | | | ed to Fees |
| Zip | Country | Zip. | | Countr | У | | 8. This corporation has liability for | ntangible : | tax under s | 199.032, |
| 24 25 2 | | | | | | | Florida Statutes Yes No | | | |
| | 9. Name and Address of Curre | ent Hegistered | Agent | | | | 10. Name and Address of New R | egistered | Agent | |
| HOO EII | NO 6 CEADOU OFMACE NO | ^ | | 81 | ' | Nanie | | | | |
| UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE STE 200 TALLAHASSEE FL 32301 | | | | | 2 | Street Addre | ess (P.O. Box Number is Not Acceptab | is Not Acceptable) | | |
| | | | | | 3 | | | | | |
| INCLINI | NOOLE PL 32301 | | | | | | | | | |
| | | | | 84 | Ī | City | | | 85 Zi | ip Code |
| or register familiar wi SIGNATURE | red agent, or both, in the State of Floi th, and accept the obligations of, Sec Signature, typed or proted name of registeric agree | 30011 001 .0303 | , Florida Statute. | 5. | | | alion submits this statement for the purp of directors. Thereby accept the appo | | s registered | d agent. I am |
| 12. | | VD DIRECTOR | | Dit Begistered Ag- | :111 8 | 5 griature, required | ADDITIONS/CHANGES TO OFFI | DATE | D DIDEOTA | 200 11 40 |
| TIILE | | 10/2/1/201011 | DETELE | 1. 1 TITLE | | ······ | PCS 10 CFF | CERS AIN | Channe | JRS IN 12 |
| NAME | | | _ | 1.2 NAME | | 1.00 | POSTBORT TOSCUBE SUARD I ROSCUBE 546 W. OAMAND P. | MG | Origings | , A rissilion |
| STREET ADDRESS | [| | | 1.3 STREE | | DORESS 5 | 546 W. OAMAND Y | AKK I | Blub. | #715 |
| CITY-ST-ZIP | | | | 1.4 CHIY- | | 71F / | PUDERHILL, FL 3 | 3313 | | |
| 1ITLE | | | DELETE | 2 1 TITLE | | | oux Affect to | | Change | Addition |
| NAME | | | | 2.2 NAME | | | | | | _ |
| STREET ADDRESS | | | | 2.3 STREE | TA: | DDRESS | | | | |
| CITY ST-ZIP | | | | 2.4 City - 1 | s'- | - 719 | | | | |
| TITLE | | | DELETE | 3 1 TITLE | | | | | Change | Addition |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | 1 A | ADDRESS | | | | |
| CI*Y-ST-ZIP TIELE | | | C Druete | 3.4 CITY - 5 | <u>S1</u> | 71P | | | | |
| NAME | | | ☐ DELE LE | 4. 1 TITLE | | | | 1 | Cnange | Addition |
| STREET ADDRESS | | | | 4.2 NAME | | 22222 | | | | |
| CITY-SI-ZIP | | | | 4.3 STREE | | | | | | |
| TIPLE | | | DELE TE | 5 : 10 LE | 21. | | | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | L | T mands | Addition |
| STHEFT ADDRESS | | | | 5.3 STREET | ΙĄΓ | DORESS | | | | 1 |
| CITY-S1-ZIP | | | | 5.4 CHY-S | | | | | | |
| TITLE | | | ☐ DELETE | 6 1 7111.6 | | | | <u>_</u> | Change | Addition |
| NAME | | | | 62 NAME | | | | | | |
| STREET ADDRESS | | | | 63 STREET | AD | DORESS | | | | |
| CITY-ST-7IF | | | | 6.4 CITY - 5 | i - 1 | ZIP | | | | - |
| 14. I do hereby | y certify that the information supplied | with this filing i | s voluntarily furn | ished and doe | s r | not qualify for | the exemption stated in Section 119.0 | 7(3)(k). Flo | orida Statut | es. I further |

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name ngeo, or on an attackment with an address. oath; that I am an officer or directed appears in Block 12 or Block 13 if it

SIGNATURE: X

3.28.96 (954)485.4333