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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

NAME

STREET ADDRESS

P95000095647 (0)

DOCUM 1. Corporation N	Jame -	095647 (0)			
GEM SIL	VER, INC.				
Principal Place of	f Business	Mailing Address			
158 KENDALE DRIVE SAFETY HARBOR FL 34695		158 KENDALE DRIVE SAFETY HARBOR FL 34895			De Charles Const
				 Date Incorporated or Qualified 12/14/1995 	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21 //0/07	WENTWORTH WAY	26 16107 WENTER	ORTH WAY	59-3356374	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required
22		27		C Flastice Compaign Figureing	\$5.00 May Be
City & State		City & State	to	Election Campaign Financing Trust Fund Contribution	Added to Fees
23 ODES		28 ODEUSA,	Country _	8. This corporation has liability for	
Zip	Couptry	Zip 29 33556 3	~ //\ 1	Florida Statutes	s 🕱No
24 33554	9. Name and Address of Curren			10. Name and Address of New	Registered Agent
<u> </u>	9. Name and Address of Current	t trogistion of right	81 N 110	ORCOMP MED	
OFFICE	A TOTAL PARTY BY			NBGERMER Address (P.O. Box Number is Not Accepte OT WENTWORTH U	ible).
GERMER, KEVIN B 158 KENDALE DRIVE NEW HODRESS			82 Street A	OT WENTWORTH U	VAY
	HARBOR FL 34695	/ V C ** / (DD****	83		/
SAFEIT	TANDON FL. 34093		24		85 Zip Code
			84 City	NESSA	FL 133556
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.		poration submits this statement for the popular of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE:	Signature, typed or printed name of registered agent	Co distribution	Registered Agent signature re	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1 1 TITLE	TECHNOLOGI ATCEST	Change Addition
TITLE	D	□ Dettit	1.2 NAME		an endane
NAME	GERMER, KEVIN B		1.3 STREET ADDRESS	16107 WENTWORT	H WAY
STREET ADDRESS	158 KENDALE DRIVE		1.4 CHY-ST-ZIP	16107 WENTWORT. 00ESSA, Fc. 3	3556
CITY-ST ZIP	SAFETY HARBOR FL 34695	DELETE	2 1 TITLE	00000111	Change Addition
THILE	D COMED OFFICE	L) been	2.2 NAME		
NAME	GERMER, CATHERINE		2 3 STREET ADDRESS	16107 WENTWOR	TH WAY
STHEET ADDRESS	158 KENDALE DRIVE SAFETY HARBOR FL 34895		24 CHTY-ST-ZIP	16107 WENTWORD DDESSA FL.	3 <i>8556</i>
CITY - S1 - ZIP	SAFETT HANDUN FL 34083	☐ DELETE	3 1 TITLE		Change Addition
TITLE		<u></u>	3 2 NAME		
NAME THE PROPERTY OF THE PROPE			33 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-S1-ZIP		
TILLE		☐ DELETE	4, 1 TITLE		Change Addition
			4 2 NAME		
NAMÉ SIREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		Digital Digital
TITLE		☐ DELETE	5 1 THLE		Change Addition
NAME			5.2 NAME)	
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - S1 - ZIP		Change Addition
10'LE		☐ DELETE	6 1 TITLE	Į.	☐ Change ☐ Addition

62 NAME

6.3 STREET ADDRESS

EVIN B. GERMER 4/22/96 813-9261272

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 13 if chapted, or on an attachment with an address.