

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

FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000013905**  
1. Corporation Name  
**A. H. GEMM, CORP.**

Principal Place of Business: **A.H. Gemm, 5301 N. Federal Hwy., Suite 220, Boca Raton, FL 33487**  
Mailing Address: **A.H. Gemm, 5301 N. Federal Hwy., Suite 220, Boca Raton, FL 33487**

3. Date Incorporated or Qualified: **02/14/96**      3a. Date of Last Report

4. FEI Number: **65-0645421**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**WEINTRAUB, PETER B.  
1701 WEST HILLSBORO BLVD  
SUITE 301  
DEERFIELD BEACH, FL 33442**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL**      85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARVIN HERMAN	
STREET ADDRESS	10718 KIRKALDY LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EMANUEL ASHER	
STREET ADDRESS	10205 SHIREOAKS LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRETA HERMAN	
STREET ADDRESS	10718 KIRKALDY LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELINORE ASHER	
STREET ADDRESS	10205 SHIREOAKS LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**900002138599**  
**-04/10/97--01004--004**  
**\*\*\*165.00**

14. I, the undersigned, 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 reported 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/6/97**      **561-989-0060**

CR2E034 (9/96)