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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000019430

1. Corporation Name

GEMS 4, INC.

Principal	Place	of	Business
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Mailing Address

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90047 036 \*\*\*150.00



18180 S.W. 66TH STREET FT. LAUDERDALE FL 33331	18180 S.W. 66TH STREET FT. LAUDERDALE FL 33331			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 03/01/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
и · · · · · · · · · · · · · · · · · · ·	26			65-0655636	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip 29 30	Country	<i>i</i>	This corporation owes the current year In Personal Property Tax.	ntangible ☑Yes ☐No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	l Agent	
BERRY, JUDY K		~ 81	Name			
12551 NE 22ND AVE		82	Street Address (P.O. Box Number is Not Acceptable)			
OKEECHOBEE FL 34972		83			<del>-</del>	
•	•	84	City		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										
Signature, typed or printed name of registered agent and title if applicable. , (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I						
TITLE	D DELETE	1.1 TITLE		Change	Addition					
NAME	BRIDGES, LINDA	1.2 NAME			]					
STREET ADDRESS	18180 S.W. 66TH ST.	1.3 STREET ADDRESS			Ì					
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	1.4 CITY-ST-ZIP								
TITLE	D DELETE	2.1 TITLE		Change	Addition					
NAME	WAITE, CAROL	2.2 NAME								
STREET ADDRESS	18180 S.W. 66TH ST.	2.3 STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	2.4 CITY-ST-ZIP		<del> </del>						
_mre	DELETE	3.1 TITLE		☐ Change	Addition					
NAME	BERRY, JUDY	3.2 NAME								
STREET ADDRESS	18180 S.W. 66TH ST.	3.3 STREET ADDRESS			1					
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	3.4. CITY-ST-ZIP								
TITLE	D DELETE	4.1 TITLE		☐ Change	Addition					
NAME	WINKLE, LOIS V	4. 2 NAME								
STREET ADDRESS	18180 S.W. 66TH ST.	4.3 STREET ADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	4.4 CITY-ST-ZIP								
TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition \					
NAME		5.2 NAME								
STREET ADDRESS	· ·	5.3 STREET ADDRESS			}					
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition					
NAME		6.2 NAME	· ·							
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP	•	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, with all other like empowered.