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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000038591 (9)

GEMTRONICS DISTRIBUTION INCORPORATED

FILED May 08 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | i 148911001 fill 10110 tifil reili dolli totil reili dolli totil liter leide dilib filib filli | | | | | |
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| 5001 HIATU SUNRISE FL | | 5001 HIATUS RD SUNRISE FL 33351-8018 | | | | | | | | |
| | | | | | | | Date Incorporated or Qualified 04/29/1996 | 3a. D. | ate of Last R | eport |
| Principa | l Place of Business | 28. Mailing Address | | | | 4. | FEI Number | | | plied For of Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | + | | | \$8.75 | | |
| 22 | | 27 | | | | 6. | Certificate of Status Desired | | Fee Re | |
| City & Si | itate | City & State | | | · | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | |
| Zip | Country | Zip | Col | untry | | 8. | This corporation has liability for | intangible | tax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | | | | Yes [| | |
| | 9. Name and Address of Curr | ent Registered Agent | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | 10. | Name and Address of New Re | gistered | Agent | |
| В | EAULIEU, GEMMA S | | |]81] t | Name | | | 1 | | 100 |
| | 001 HIATUS RD | | | 82 5 | Street Addre | 200 /P | O. Box Number is Not Acceptal |)) | | |
| | UNRISE FL 33351 | | | | | opo tr | .C. Dox Number is Not Acceptai | , io | | |
| | | | | 83 | | | | , | | |
| | | | | 84 (| City | | | FL | 85 Zip (| Code |
| 11. Pursua | of the provisions of Sections 607.05 | 502 and 607.1508, Florida Statu | ites, the a | bove-n | amed corpo | oration | n submits this statement for the | 7 | f changing it | s registered |
| office o agent. | of to the provisions of Sections 607.05 or registered agent, or both, in the Sta I am familiar with, and accept the obli | te of Florida. Such change was igations of, Section 607.0505, F | authorize Iorida Sta | d by th tutes. | ne corporatio | on's b | oard of directors. I hereby acce | ot the app | xintment as | registered |
| SIGNATUR | E: Signature, typed or printed name of registered a | gent and title 4 applicable. (NC | TE: Registere | d Apent s | signature require | id when | reinstating) | DATE | ···· | |
| 12. | | ND DIRECTORS | 13. | | | Ā | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | IS IN 12 |
| TITLE | | DELETE | 111 | ITLE | 2/1 | 0/1 | | | Change | Addition |
| NAME | | | 1.2 N | AME | 73.6 | BAL | JLIEU, GEMMA | 6. | | |
| STREET ADDRES | 55 | | 1.3 \$ | TREET AD | ORESS S | 201 | JLIEU, GEMMA HIATUS RD. | | | |
| COLY - ST-ZIP | | | | ITY-ST-Z | 71P SU | INE | 215E, FL 3335 | 1 | | |
| TITLE | *************************************** | DELETE | 211 | | | | | | Change | Addition |
| NAME | | _ , | 2.2 N | |] | | | | | |
| STREET ADDRES | 22 | | | TREET AD | DRESS | | | | | |
| City St. ZiP | ~ | | | CITY-ST- | ŀ | | | | | |
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| NAM2 | 1 | <u> </u> | 3.2 N | | Ì | | | | | |
| STREET ADDRES | es l | | | treet ad | neess | | | | | |
| | ** | | | CITY-ST- | | | | | | |
| CITY+ST-ZIP TITLE | | DELETE | 4.1 7 | | <u> </u> | | | | Change | Addition |
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| | ec | | | vanie Treet ad | NDECC. | | 1 | | | |
| STREET ADDRES | 5.5 | | | | | | | | | |
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| NAME Papers services | ne l | | - 1 | | DOECC | | | | | |
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| TILE | | יון טנונוג | 6.1 T | | Ì | | | | The cusude | LJ ADDRION |
| NAME | [| | 6.2 N | | | | | | | |
| STREET ADDRES | 58 | | | TREET AD | | | | | | |
| CHY-SI-21F | | | 6.4 C | ITY - ST - Z | ZIP | | | | | |

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

(954) 148-9966

Phone #