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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State

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OCCUMENT #	P96000093494	8

MICHAEL A. GEMELLI, INC. Principal Place of Business Mailing Address 3142 THIRD AVE NORTH 3142 THIRD AVE NORTH ST PETERSBURG FL 33713-7802 ST PETERSBURG FL 33713 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3413742 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes WyNo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEMELLI. MICHAEL A 3142 THIRD AVE NORTH Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 64 City 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. Fam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Stgriahms, typed or pinters have of registered agent and the it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TiltE 11 TITLE Change Addition GEMELLI, MICHAEL A NAME 1.2 NAME 3142 THIRD AVE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33713 DITY-ST-7:P 1.4 CITY - ST - ZIP DELETE THE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIE 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COY-ST ZIE 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 trustge 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 not an attachment with no address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TOTLE

6.2 NAME

SIGNATURE:

C:TY - ST - ZiP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/23/97

813-327-5782

Change

Addition

Daytime Phone #