May 10, 1999 8:00 am Secretary of State

05-10-1999 90059 009 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000028888

1. Corporation Name

Principal Place of Business

GEMINI MARINE FINANCING, INC.

3149 JOHN P. ( BUILDING A. BA PEMBROKE PIN	AY 1	BUI	3149 John P. Curci dr. Building A. Bay 1 Pembroke Pines Fl 33009				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/28/1997						
2. Principal Pl	lace of Business	2a.	Mailing Address					1	FEI Number			App	olied For
21		26							65-07416 <u>89</u>			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				·		Certifcate of Status Desired				dditional
22		27						5.	Certificate of Status Desired		F€	e Red	quired
City & State	e		City & State					6.	Election Campaign Financing		\$5	.00	viay Be
23		28							Trust Fund Contribution	LJ	Ad	ded to	Fees
Zip	Country		Zip	Co	untry	,		8.	This corporation owes the cur	rent year Inta			
24	25	29		30	_			1	Personal Property Tax.		Yes	3	□No 、
	9. Name and Address of Curren	t Regist	tered Agent					10.	Name and Address of New	Registered /	Agent		
			_		81	N	ame						
	ALPIN, RICHARD J ESQ. S.W. 8 STREET				82	S	treet Addres	ss (P.	O. Box Number is Not Accept	table)			
SUIT	E 2805				83			_	<del></del>				
MIAN	MI FL 33130												
					84	c	ity			FI	85	Zip C	ode
office or re agent. I as SIGNATURE	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligated signature, typed or printed name of registered agen	of Florid tions of,	fa. Such change was a Section 607.0505, Flo	orida Sta	ed by itutes	tne s.	corporation	15 006	ard of directors. Thereby acce	ept the appoir	ntment	as reg	istered
				E: Registere		o.g.							
12.	OFFICERS AN		CTORS	13					ADDITIONS/CHANGES TO O	FFICERS AN			
	OFFICERS AN			13	_					FFICERS AN	D DIRE		RS IN 12
12.	OFFICERS AN PD MARTINI, NINO		CTORS	1.1 7						FFICERS AN			
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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, on on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR