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

0340131

DOCUMENT # **P97000044411**

1. Corporation Name

GEMINI THREE REALTY CORP.

Principal Place of Business	Mailing Address
%GREENBERG & SCHILIAN, PA ~~1098 NW BOCA RATON BLVD. STE 1~~ ~~BOCA RATON FL 33433~~ US	%GREENBERG & SCHILIAN, PA ~~1098 NW BOCA RATON BLVD. STE 1~~ ~~BOCA RATON FL 33433~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/20/1997

2. Principal Place of Business	2a. Mailing Address
21 1761 W. Hillsboro Blvd	26 1761 W. Hillsboro Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State DEERFIELD BEACH FL	28 City & State DEERFIELD BEACH FL
24 Zip 33442 25 Country US	29 Zip 33442 30 Country US

4. FEI Number
65-0762844

Applied For ☐
Not Applicable ☐

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENBERG, JEFFREY L GREENBERG & SCHILIAN, PA ~~NW BOCA BOCA RATON BLVD, STE 1~~ ~~BOCA RATON FL 33433~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1761 WEST Hillsboro Blvd 83 84 City Deerfield Beach FL 85 Zip Code 33442

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

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P ☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MINOFF, SCOTT	1.2 NAME				
STREET ADDRESS	10 WOODFERN CT	1.3 STREET ADDRESS				
CITY-ST-ZIP	DIX HILLS NY 11746	1.4 CITY-ST-ZIP				
TITLE	S ☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	MINOFF, MELVIN	2.2 NAME				
STREET ADDRESS	10 WOODFERN CT	2.3 STREET ADDRESS				
CITY-ST-ZIP	DIX HILLS NY 11746	2.4 CITY-ST-ZIP				
TITLE	T ☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	MINOFF, BRIAN	3.2 NAME				
STREET ADDRESS	10 WOODFERN CT	3.3 STREET ADDRESS				
CITY-ST-ZIP	DIX HILLS NY 11746	3.4 CITY-ST-ZIP				
TITLE	VP ☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	MINOFF, SHERRY	4.2 NAME				
STREET ADDRESS	10263 E PEAKVIEW AVE, #3-203	4.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD CO 80111	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.

SIGNATURE: _____ MELVIN MINOFF   3/8/99   (516) 435-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #