

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90136 046 ***150.00

DOCUMENT # P97000061198

1. Corporation Name
2 GEMINI BILLING, INC.



Principal Place of Business

Mailing Address

~~1040 AVON LANE - #35~~
~~NORTH LAUDERDALE FL 33060~~

~~1040 AVON LANE - #35~~
~~NORTH LAUDERDALE FL 33060~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

65-0774980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4204 N.W. 88 AVE

26 4204 N.W. 88 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #309

27 #309

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Country

Zip

Country

24 33371-6038 25 U.S.A.

29 33371-6038 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, CHRISTOPHER J II

~~1040 AVON LANE - #35~~
~~NORTH LAUDERDALE FL 33060~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4204 N.W. 88 AVE. #309

83

84 City SUNRISE, FL

FL

85 Zip Code 33371-6038

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

Christopher J Lucas II
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LUCAS, CHRISTOPHER J II

STREET ADDRESS ~~1040 AVON LANE - #35~~

CITY-ST-ZIP ~~NORTH LAUDERDALE FL 33060~~

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4204 N.W. 88 AVE. #309

1.4 CITY-ST-ZIP SUNRISE, FL 33371-6038

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Christopher J Lucas II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (954)747-8114

Date

Daytime Phone #

CR2E034 (11/98)

0165278