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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000077998

1. Corporation Name

GEMSTAR HOMES II, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90141 036 ***150.00



Principal Place of Business Mailing Address P.O. BOX 17437 101-NORTH-WEST-72ND AVENUE PLANTATION PL 33317 PLANTATION FL 33318 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/09/1997 4. FEI Number 2a. Mailing Address Applied For Principal Place of Business 7200 GriffIN ROAD 26 65-0785013 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent MCARDLE, GOERGE 82 Street Address (P.O. Box Number is Not Acceptable) 101 NW 72ND AVENUE PLANTATION FL 33317 83 Zip Code 84 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. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE MCARDLE, GEORGE 1.2 NAME NAME 101 NORTH WEST 72ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 1.4 CITY-ST-ZIP CITY-ST-ZIP DΡ □ DELETE 2.1 TITLE TITLE BARR, JOHN E. 22 NAME NAME **TOT NW 72ND AVENUE** 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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.

CR2E034 (11/98)