SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

14. I do hereby certify that the information indicated on this annual riam an officer or director of the corp. appears in Block 12 or Big

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT #** (3) **GEM BOOKS AND SUPPLIES. INC.** Principal Place of Business Mailing Address 310 EVANSDALE RD 310 EVANSDALE RD LAKE MARY FL 32746-3622 LAKE MARY FL 32746-3622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/28/1991 4. FEI Number 05/01/1996 2a. Mailing Address Applied For 2, Principal Place of Business 59-3073734 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees 23 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUNA, CHARALINE 310 EVANSDALE RD Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 City Zip Code 0502 and 607.1508 loads Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505. Florida entires. 11 Pursuant to the prov office or register agent I am fan SIGNATURE tered Age a signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE LUNA, CHARALINE 1.2 NAME NAME 310 EVANSDALE RD 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL CITY-ST-7/P 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3,2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

is supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the exemption or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that bration or the seceiver or trustee empowered to execute this report as sequired by Chapter 607, Florida Statutes; and that my name