FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name S50907 GEMINI ASSOCIATES OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address 254 SW 12TH AVE 254 SW 12TH AVE DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/06/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0258889 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **DOUGHERTY, JAMES** 3576 ENSIGN CIR R2 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 84 City 85 Zip Code 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) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change X Addition TITLE 1.1 TITLE NAME **DOUGHERTY, JAMES** 1.2 NAME STREET ADDRESS 3576 ENSIGN CIR 1.3 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SIDMAN, SCOTT 2.2 NAME 3722 NW 6TH ST STREET ADDRESS 2.3 STREET ADDRESS DEERFIELD BOH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ... Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADORESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ANDRESS 6.3 \$TREET ADDRESS

6.4 CITY-ST-ZIP

James Dougherty

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 eath; that I am an officer or director of the comporation 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.

CITY-ST-ZIP

SIGNATURE:

FILED