FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46904** **(1)**

1. Corporation Name
GEMINI ASSET CORP.

Principal Place of Business	Mailing Address
1377 CLINT MOORE RD BOCA RATON FL 33487	1377 CLINT MOORE RD BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1301 W. Newport Center Dr.
22 Suite, Apt. #, etc:
23 City & State: Deerfield Beach, FL
24 Zip: 33442
25 Country:

2a. Mailing Address
26: 1301 W. Newport Center Dr.
27 Suite, Apt. #, etc:
28 City & State: Deerfield Beach, FL
29 Zip: 33442
30 Country:

4. FEI Number: 65-0341890 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CM	11 TITLE	☐ Change ☐ Addition
NAME	VAN ARNEM, HAROLD L	12 NAME	
STREET ADDRESS	1377 CLINT MOORE RD	13 STREET ADDRESS	1301 W. Newport Center Dr.
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCKNIGHT, N PHILIP	22 NAME	
STREET ADDRESS	1377 CLINT MOORE RD	23 STREET ADDRESS	1301 W. Newport Center Dr.
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BETTY E	32 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	33 STREET ADDRESS	1301 W. Newport Center Dr.
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	DECKER, JULIA M	42 NAME	
STREET ADDRESS	1377 CLINT MOORE RD.	43 STREET ADDRESS	1301 W. Newport Center Dr.
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 my address.

SIGNATURE: X _____ Julia M. Decker 4/4/95 305-570-7674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0278648 CP