

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001980 (1)**

1. Corporation Name

GEMINI DIGITAL PRODUCTS CORP.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/29/1992	05/01/1994

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21 1301 W. Newport Center Dr.	26 1301 W. Newport Center Dr.	65-0365280	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Deerfield Beach, FL	27 Deerfield Beach, FL	<input type="checkbox"/>	
24 33442	25	29 33442	30
24 Zip	25 Country	29 Zip	30 Country

6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKNIGHT, N. PHILIP 1377 CLINT MOORE ROAD BOCA RATON FL 33487	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1301 WEST NEWPORT CENTER DRIVE 83 84 City Deerfield Beach FL 85 Zip Code 33442

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) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ARMEN, HAROLD L	1.2 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	1.3 STREET ADDRESS	1301 W. Newport Center Dr.
CITY, ST, ZIP	BOCA RATON FL 33487	1.4 CITY, ST, ZIP	Deerfield Beach, FL 33442
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, BRIAN	2.2 NAME	
STREET ADDRESS	705 SIXTH STREET, S.	2.3 STREET ADDRESS	1301 W. Newport Center Dr.
CITY, ST, ZIP	HOPKINS MN 55343	2.4 CITY, ST, ZIP	Deerfield Beach, FL 33442
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, N. PHILIP	3.2 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	3.3 STREET ADDRESS	1301 W. Newport Center Dr.
CITY, ST, ZIP	BOCA RATON FL 33487	3.4 CITY, ST, ZIP	Deerfield Beach, FL 33442
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, JULIA A	4.2 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	4.3 STREET ADDRESS	1301 W. Newport Center Dr.
CITY, ST, ZIP	BOCA RATON FL	4.4 CITY, ST, ZIP	Deerfield Beach, FL 33442
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BETTY E	5.2 NAME	
STREET ADDRESS	1377 CLINT MOORE RD.	5.3 STREET ADDRESS	1301 W. Newport Center Dr.
CITY, ST, ZIP	BOCA RATON FL	5.4 CITY, ST, ZIP	Deerfield Beach, FL 33442
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(a), 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, changed, on an attachment with an address.

SIGNATURE: *[Signature]* **Julia M. Decker** 4/24/95 305-570-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR