

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000001980 (1)**

1. Corporation Name

GEMINI DIGITAL PRODUCTS CORP.



Principal Place of Business

1301 W NEWPORT CENTER DR
DEERFIELD BEACH FL 33442
US

Mailing Address

1301 W NEWPORT CENTER DR
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified
10/29/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **701 S 5TH ST**

Suite, Apt. #, etc.

2a. Mailing Address

26 **701 S 5TH ST**

Suite, Apt. #, etc.

4. FEI Number
65-0365280

Applied For
Not Applicable

22 City & State

23 **HOPKINS MN**

27 City & State

28 **HOPKINS MN**

24 Zip

25 **55343**

Country

25 **HENNEPIN**

29 Zip

29 **55343**

Country

30 **HENNEPIN**

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

MCKNIGHT, N. PHILIP
~~1301 WEST NEWPORT CENTER DR~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road
83
84 City **Plantation** FL 85 Zip Code **33324**

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 of (print or printed name of) registered agent (if not applicable)

NOTE: Registered Agent signature

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

5-13-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CC	VAN ARMEN, HAROLD L	1301 W NEWPORT CENTER DR	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
PD	WALLER, BRIAN	1301 W NEWPORT CENTER DR	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
VD	MCKNIGHT, N. PHILIP	1301 W NEWPORT CENTER DR	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
AT	BECKER, JULIA A	1301 W NEWPORT CENTER DR	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
SD	ALLEN, BETTY E	1301 W NEWPORT CENTER DR	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
11	WALLER, BRIAN	701 S 5TH ST	HOPKINS MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	O'Neil, Michael	701 S 5TH ST	HOPKINS MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>

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-05/20/96-01046-032
***233.75

5-17-96

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)(k), 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.

SIGNATURE:

Michael J. O'Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. O'Neil 5/8/96 (612) 936-1418
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)