SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90010 008 ****61.25

DOCUMENT # 710183

1. Corporation Name
GEM AND MINERAL SOCIETY OF THE PALM BEACHES , IN C.

Principal Place of Business	Mailing Address
P.O. BOX 18095 ~~P.O. BOX 3041~~ WEST PALM BEACH FL 33416 US	P.O. BOX 18095 ~~P.O. BOX 3041~~ WEST PALM BEACH FL 33416 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/10/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6196330 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAUSS, TED
345 CAVALIER RD
PALM SPRINGS, FL
33461

10. Name and Address of New Registered Agent

81 Name: Jack Stamper
82 Street Address (P.O. Box Number is Not Acceptable): 3716 S. 57th Ave
83
84 City: Greenacres FL 85 Zip Code: 33463

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jack Stamper DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAMPER, MARY ANN		1.2 NAME		
STREET ADDRESS	3716 S. 57TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	CHELM, EDWARD		2.2 NAME	MICHELLE TOMASELLI	
STREET ADDRESS	GOLFS EDGE., #1-F		2.3 STREET ADDRESS	6550 S. CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHENOWETH, DONALD S		3.2 NAME		
STREET ADDRESS	6364 BIRCH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JULIANO, ANGELA		4. 2 NAME		
STREET ADDRESS	9870-B ORCHID TREE TRL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHONKWILER, NANCY		5.2 NAME		
STREET ADDRESS	1620 OSBORNE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	URSILLO, LINDA M		6.2 NAME		
STREET ADDRESS	1240 NW 22ND AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(561) 703-3319

SIGNATURE: Linda M. Ursillo LINDA M. Ursillo June 30, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)