FILE	NOW:	FILING	FEE	18	\$61	.25
		THE ST.			OCOAD1	r <b>⊯</b> EMT

	FILE NOVA. I IEII				
NONP	PROFIT	FLORIDA DEPART			
	RATION	Sandra B. M	lokkem		
ANINILIAL	REPORT	Secretary C	of State		
	\·\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DIVISION OF COI	RPORATIONS		
19	96			₹	
DOCUME 1. Corporation Na	ENT # 756215	(0)			
	CITY GEM & MINERAL S	OCIETY, INC.		 	ING SAGA BASA BABA BASA SAGA BASA ATRA
1144.4.4.					
Principal Place of	Business	Mailing Address	1		
% ALLEN ZAR		% ALLEN ZAR			
1204 E. THIRD ST.				3. Date incorporated or Qualified	3a. Date of Last Report
PANAMA CITY FL 32401		PANAMA CITT IE 02-101		02/05/1981	04/24/1995
				4. FEI Number	Applied For
2. Principal Place	of Business	2a. Mailing Address		NOT APPLICABLE_	Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		<ol><li>Certificate of Status Desired</li></ol>	Fee Required
22		27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	Added to Fees
23		28		This perpenation has liability for it.	ntangible tax under s. 199.032,
Zip	Country	Zip	Country	Elorida Statutes	Yes MYNO
24	25	1491 .1	30	10. Name and Address of New R	egistered Agent
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. 10.	
			1 - 1 · · ·		
5.45 AL	IDTIC C		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
BANE, CL	INTIO G				
911 BKAN	IDEIS AVENUE		[83]		
PANAMA	CITY FL 32401		84 City		85 Zip Code
1 .					FL   The stand of the
		2 and 617 1508 Florida Statutes	the above named corpo	vation submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office printment as registered agent. I am
11. Pursuant to	o the provisions of Sections 617,050 and agent, or both, in the State of Flor	rida. Such change was authorized	d by the corporation's boa	exation submits this statement for the purard of directors. I hereby accept the app	
familiar with	d agent, or both, in the State of Flor a, and accept the obligations of, Sec	ction 617.0503, Florida Statutes.			
SIGNATURE _		(NOI	E. Registered Agent signature requir	ed when reinstating)	DATE DATE NOTE OF THE LOCAL PROPERTY OF THE
SIGNATORIE	Signature, typed or printed name of registered age	THE BIRD SHE II DESPESA	13.	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12
12.	OFFICERS AI	ND DIRECTORS	11.700.6	President D	Change Addition
TITLE	PD	Поселе	1.2 NAME	Cobet	
NAME	BANE, CURTIS		1.2 IAMIC	207 n. Church fre	
STREET ADDRESS	911 BRANDEIS AVENUE		1.3 STREET ADDRESS	2 Lite PL	
WCHTY - ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Pana May	Change Addition
TITLE	VD	DELETE	2.1 TITLE	VICE PASSIBLE	
	WEEKLEY, ROBERT		22 NAME	steve Shiptm	
NAME	207 N. CHURCH AVENUE		2 3 STREET ADDRESS	5113 E 13th H.	
STREET ADDRESS			2 4 CITY-ST-ZIP	Springfield, FZ	Change Addition
CITY-ST-ZIP	PANAMA CITY FL	DELETE	3 1 TITLE	-	
TITLE	STD		32 NAME		
NAME	LAPENSOHN, CAROLE		3.3 STREET ADDRESS		
STREET ADDRESS	15211 HWY 77		3.4. CiTY-ST-ZiP		
CITY-ST-ZIP	PANAMA CITY FL	DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE		Ploeter	4 2 NAME		, ,
NAME			L I	€000017 -04/19/96-9	'864 <b>%</b> 6
STREET ADDRESS			4.3 STREET ADDRESS	<b>14/19/96/</b> n	1007017
			4.4 CITY - ST - ZIP	****200,00	Change Addition
CITY-ST-ZIP TITLE		DEFFLE	5.1 TITLE	7***2014 00	<del>-</del> -
			5.2 NAME	•	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	1		5.4 CITY-ST-ZIP		Addition
CITY-ST-ZIP		DELETE	6 1 TITLE	<b></b>	11007
TITLE	ļ		6.2 NAME	ቀቀቀር፤ ሳሮ ∼ህቶ/13/30~~U	17001 071
NAME			0 - 1 - 3 - 3	***61.25	$I \sim I$

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)(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 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 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 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 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 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 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 certify that the information indicated on this annual report is true.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41519b

904 | 812-3811 Daytime Phone #