FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000078541

1. Corporation Name

GEMCOR JEWELRY REPLACEMENT SERVICE, INC.

| Principal Place | of Busines | S | | М | Mailing Address | | | | | | |
|---|-------------------|----------|-------------------------------|--|-----------------------|----------------------|--|-----------------------------------|--|--|--|
| NATIONS BANK BUILDING | | | | | NATIONS BANK BUILDING | | | | | | |
| 930 WASHINGTON AVE., SUITE 201 MIAMI BEACH FL 33139 | | | | 930 WASHINGTON AVE SUITE 201 MIAMI BEACH FL 33139 | | | | | DO NOT WRITE IN THIS SPACE | | |
| MIAMI DENOTITE 33133 | | | | | | | | | 3. Date Incorporated or Qualifed 09/04/1998 | | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| 21 | | | | | 26 | | | | 65 - 086 3606 Not Applicable | | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | |
| City & State | | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | | | 28 | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | | | | Zip Country | | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | |
| 24 | 9 Name | 25 29 30 | | | | <u> </u> | 10. Name and Address of New Registered Agent | | | | |
| Name and Address of Current Registered Agent | | | | | | | 81 Name | | · · · · · · · · · · · · · · · · · · · | | |
| ROTH, KENNETH W | | | | | , | | | Change Ad | Street Address (P.O. Box Number is Not Acceptable) | | |
| 2060 NORTH BAY ROAD | | | | | | | | 1800 SUPSET HALBOUR DRIVE, # 2207 | | | |
| MAN | <i>I</i> II BEACH | FL 3 | 33140 | | | 8 | 3 | _, | | | |
| | | | | | | - | 4 | City | 85 Zip Code | | |
| | | | | | | | | mı | 14Hi BEACH 133139 | | |
| 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 3/10/99 | | | | | | | | | | | |
| | Signature, typed | or pri | nted name of registered agent | | | egistered A | gent | signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | | | OFFICERS AND | DIKE | DELETE | 1.1 TITL | | | Change Addition | | |
| NAME | | | | | | 1.2 NAM | | F | RICHARD D. HEISS | | |
| STREET ADDRESS | | | | | | 13 STRI | EET. | ADDRESS 4 | 130 WASHINGTON AVE, SUITE ZOI | | |
| CITY-ST-ZIP | | | | | | 14 CITY | | | HIAMI BEACH, FL. 33139 | | |
| TITLE | | | | | ☐ DELETE | 2.1 TITL | Ε | | S/T Change Addition | | |
| NAME | | | | | 2.2 N | | | | KENNETH W. POTH | | |
| STREET ADDRESS | RESS | | | | | | | | 1800 SUNSET HARBOUR DR., APT. 2207 | | |
| CITY-ST-ZIP | | | | | | 2.4 CIT | | T-ZIP | MIAMI BEACH, FL. 33139 | | |
| TITLE | | | | | ☐ DELETE | 3.1 TITL | | | · · · | | |
| NAME | | | | | | 3.2 NAW | | ADDRESS | | | |
| STREET ADDRESS | | | | | | 3.4. CIT | | I | , . | | |
| CITY-ST-ZIP TITLE | | | | | DELETE | 4.1 TITL | | 1-20 | ☐ Change ☐ Addition | | |
| NAME | | | | | · | 4. 2 NAM | | | | | |
| STREET ADDRESS | | | | | | 4 3 STR | EET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | 4.4 CITY | -s <u>T</u> | :- ZIP | | | |
| TITLE | | | <u> </u> | | ☐ DELETE | 5.1 TITL | | | ☐ Change ☐ Addition | | |
| NAME | , | | | | | 5.2 NAN | | | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | □ ocuere | 5.4 CITY 6.1 TITL | | -414 | ☐ Change ☐ Addition | | |
| TITLE | | | | | ☐ DELETE | 6.2 NAM | | | : : : : : : : : : : : : : : : : : : : | | |
| NAME | | | | | | | | ADDRESS | | | |

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 607, 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.

CITY-ST-ZIP

305-531-3410

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90159 013 ***150.00