

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

**APPROVED
AND
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1995 MAR 30 PM 5:30

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V25002 (9)

1. Corporation Name
GEM TIME JEWELERS, INCORPORATED

Principal Place of Business LOEHMAN'S JEWELERS EXCHANGE 18061 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180	Mailing Address LOEHMAN'S JEWELERS EXCHANGE 18061 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 65-0321516	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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 SAWYER, ARLEEN * 18861 BISCAYNE BLVD NORTH MIAMI BEACH FL 33180				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 85. Zip Code

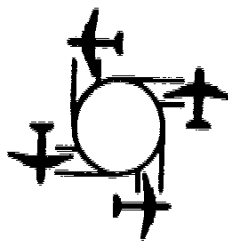
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 tax preparator) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, ARLEEN	1.2 NAME	300001444473
STREET ADDRESS	18861 BISCAYNE BLVD.	1.3 STREET ADDRESS	-03/31/95--01013--003
CITY - ST - ZIP	N. MIAMI BEACH FL 33180	1.4 CITY - ST - ZIP	***200.00 ***200.00
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 110.07(2)(b), 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 in all records under oath, that I am an officer or director of the corporation or its authorized 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 attached sheet with an address.

SIGNATURE: *Arleen Sawyer* **3/10/95** **1935-1136**
(Signature typed or printed name of signing officer or director) (Date) (Filing Fee)



Paul Transportation

March 16, 1995

RE: PAUL TRANSPORTATION

TO: LEILANI WHITE
1995 FLORIDA CORPORATION ANNUAL REPORT

PURSUANT TO OUR CONVERSATION OF MARCH 14th, ENCLOSED IS \$36.25 WHICH IS TO BE ADDED TO OUR OVERPAYMENT OF \$163.75, WHICH WAS SUBMITTED IN 1994, FOR A TOTAL OF \$200.00.

THIS PAYMENT OF \$200.00 IS TO BE APPLIED TO OUR 1995 CORPORATION ANNUAL REPORT, WHICH IS ALSO ENCLOSED.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER

Sincerely
Maude Vogel