

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # J35294

(4)

1. Corporation Name

GEMS OF NAPLES, INC.



Principal Place of Business

101 CARICA ROAD
NAPLES FL 33963
US

Mailing Address

1000 NO TAMiami TRAIL
STE 201
NAPLES FL 33940
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

SIESKY, JAMES H.
1000 NORTH TAMiami TRAIL
STE 201
NAPLES FL 33940

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 607.011 and 607.012, 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. The registrant, except the appointment as registered agent, I am familiar with and accept the obligations of, Sections 607.011, Florida Statutes.

SIGNATURE

[Signature]

12.

OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

PSTD
HUBSCHMAN, HARRISON
101 CARICA ROAD
NAPLES FL
V
COHAN, MICHAEL
3799 ROUTE, 46 SUITE 201-A
PARSIPPANY NJ

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13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

[] Change [] Addition

[] Change [] Addition

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14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption statement, Section 119.07(3)(k), Florida Statutes, and further certify that the information is based on the annual report or supplement thereto and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person in the foregoing named to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a later block with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941 566 2780
Dated: Florida

CR2E034 (12/95)