FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838730** **(0)**

1. Corporation Name

JEWELMASTERS, INC.

Principal Place of Business	Mailing Address
777 SOUTH FLAGLER DRIVE P. O. BOX 70 W. PALM BEACH FL 33402-7070	777 SOUTH FLAGLER DRIVE P. O. BOX 70 W. PALM BEACH FL 33402-7070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1977	3a. Date of Last Report: 06/08/1994
4. FEI Number: 23-0370160	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has solely for charitable tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ 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	EVP	11 TITLE		☐ Change ☐ Addition
NAME	BARR, DANIEL	12 NAME		
STREET ADDRESS	777 S. FLAGLER DR.	13 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	T	☒ Change ☐ Addition
NAME	BARR, CORINNE S.	22 NAME	Arbeit, David E.	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE	23 STREET ADDRESS	777 S. Flagler Drive	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	V	31 TITLE	S	☒ Change ☒ Addition
NAME	TAYMAN, WILLIAM	32 NAME		
STREET ADDRESS	21931 BURBANK BLVD	33 STREET ADDRESS	777 S. Flagler Drive	
CITY-ST-ZIP	WOODLAND HILLS, CA 0	34 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	COD	41 TITLE		☐ Change ☐ Addition
NAME	BARR, JOSEF J	42 NAME		
STREET ADDRESS	777 SOUTH FLAGLER DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BARR, FREDRIC M., M.D.	52 NAME		
STREET ADDRESS	1411 NORTH FLAGLER DR., STE. 5800	53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	CARROLL, JOHN M.	62 NAME		
STREET ADDRESS	50 CHANNING AVENUE	63 STREET ADDRESS	364 Benefit Street	
CITY-ST-ZIP	PROVIDENCE RI	64 CITY-ST-ZIP	Providence, RI 02903	

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)(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.

SIGNATURE: David E Arbeit DAVID E. ARBEIT 4-20-95 407-655-7260
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001647 CP