

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/01/1977

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 6001 Georgia Avenue

26 6001 Georgia Avenue

4. FEI Number
23-0370160

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 70

27 P.O. Box 70

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 West Palm Beach

28 West Palm Beach

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 33405 Country USA

29 Zip 33405 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
BARR, DANIEL
777 S. FLAGLER DR.
W. PALM BEACH FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ARBETT, DAVID E
777 S FLAGLER DRIVE
WEST PALM BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

6001 Georgia Avenue
West Palm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TAYMAN, WILLIAM
777 S FLAGLER DRIVE
WEST PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

6001 Georgia Avenue
West Palm Beach FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COD
BARR, JOSEF J
777 SOUTH FLAGLER DRIVE
W. PALM BEACH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

6001 Georgia Avenue
West Palm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARR, FREDRIC M., M.D.
1411 NORTH FLAGLER DR., STE. 5800
WEST PALM BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARROLL, JOHN M.
384 BENEFIT STREET
PROVIDENCE RI 02903 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. ARBETT

Date

Signature Printed Name