

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 838730 (0)  
1. Corporation Name  
JEWELMASTERS, INC.

Principal Place of Business Mailing Address  
6001 GEORGIA AVENUE P.O. BOX 70  
P. O. BOX 70 P. O. BOX 70  
W. PALM BEACH FL 33402-7070 W. PALM BEACH FL 33402-7070  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1977 3a. Date of Last Report 07/02/1996  
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  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 6001 Georgia Avenue 25 6001 GEORGIA AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 West Palm Beach FL 28 West Palm Beach FL  
Zip Country Zip Country  
24 33405 25 33405 29 33405 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE EVP ☒ DELETE  
NAME BARR, DANIEL  
STREET ADDRESS 777 S. FLAGLER DR.  
CITY-ST-ZIP W. PALM BEACH FL  
TITLE ☐ DELETE  
NAME ARBEIT, DAVID E  
STREET ADDRESS 6001 GEORGIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL  
TITLE ☐ DELETE  
NAME TAYMAN, WILLIAM  
STREET ADDRESS 6001 GEORGIA AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL  
TITLE ☐ DELETE  
NAME BARR, JOSEF J  
STREET ADDRESS 6001 GEORGIA AVENUE  
CITY-ST-ZIP W. PALM BEACH FL  
TITLE ☐ DELETE  
NAME BARR, FREDRIC M., M.D.  
STREET ADDRESS 1411 NORTH FLAGLER DR., STE. 5800  
CITY-ST-ZIP WEST PALM BEACH FL  
TITLE ☐ DELETE  
NAME CARROLL, JOHN M.  
STREET ADDRESS 364 BENEFIT STREET  
CITY-ST-ZIP PROVIDENCE RI 02903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (4/97)