

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90021 029 \*\*\*150.00

DOCUMENT # L16186

1. Corporation Name  
ROCKLEDGE GEM DEVELOPMENT CORP.



Principal Place of Business  
~~1304 HERITAGE ACRES BLVD.~~  
SUITE A  
ROCKLEDGE FL 32955  
US

Mailing Address  
~~1304 HERITAGE ACRES BLVD.~~  
SUITE A  
ROCKLEDGE FL 32955  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/15/1989

4. FEI Number  
59-2971293

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21. ~~720 ROY WALL BLVD~~  
Suite, Apt. #, etc.

2a. Mailing Address  
26. ~~720 ROY WALL BLVD~~  
Suite, Apt. #, etc.

22. City & State  
23. ~~ROCKLEDGE FL~~

27. City & State  
28. ~~ROCKLEDGE FL~~

24. Zip 32955 25. Country

29. Zip 32955 30. Country

9. Name and Address of Current Registered Agent

BARNAVON, HAIM  
~~1304 HERITAGE ACRES BLVD #A~~  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
720 ROY WALL BLVD  
83.  
84. City ROCKLEDGE FL 85. Zip Code 32955

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD	BAR-NAVON, HAIM I.	
		<del>1304 HERITAGE ACRES BLVD #A</del>	
		ROCKLEDGE FL	
	VSD	BARNAVON, BOAZ	
		<del>1304 HERITAGE ACRES BLVD #A</del>	
		ROCKLEDGE FL	
	VASD	BAR-NAVON, ZIVA	
		<del>1304 HERITAGE ACRES BLVD #A</del>	
		ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
		720 ROY WALL BLVD	
		ROCKLEDGE FL 32955	

14. I 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, with all other like empowered.

SIGNATURE: HAIM I. BAR-NAVON, Pres. 4/29/99 (407) 6363432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)