

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076879 (2)

1. Corporation Name

DIVERSIFIED GEMS INC.

Principal Place of Business

2072 COVE LANE
N PALM BEACH FL 33408

Mailing Address

2072 COVE LANE
N PALM BEACH FL 33408



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

CORPORATE CREATION ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

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 607.0402 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 of Registered Agent (if Registered Agent is not a corporation)

Signature of Registered Agent (if Registered Agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	[] DELETE
2. NAME	FOX, DAWN N	
3. STREET ADDRESS	% 2072 COVE LANE	
4. CITY, ST, ZIP	N PALM BEACH FL 33408	
5. TITLE	D	[] DELETE
6. NAME	FOX, RICHARD L	
7. STREET ADDRESS	% 2072 COVE LANE	
8. CITY, ST, ZIP	N PALM BEACH FL 33408	
9. TITLE		[] DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		[] DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		[] DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing was 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAWN N. FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn N. Fox 4/8/96 (107) 627-7236

CR2E034 (12/95)