

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000039099 (2)**

1. Corporation Name  
**GEMS & TREASURES INC.**



Principal Place of Business <b>750 NORTH ATLANTIC AVE., UNIT 1004 COCOA BEACH FL 32931</b>	Mailing Address <b>750 NORTH ATLANTIC AVE., UNIT 1004 COCOA BEACH FL 32931-3153</b>
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3. Date Incorporated or Qualified <b>05/06/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>2023 N. ATLANTIC AVE</b> Suite, Apt. #, etc. 22 <b># 143</b> City & State 23 <b>COCOA BEACH, FL</b> Zip 24 <b>32931</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>2023 N. ATLANTIC AVE</b> Suite, Apt. #, etc. 27 <b># 143</b> City & State 28 <b>COCOA BEACH, FL</b> Zip 29 <b>32931</b> Country 30 <b>USA</b>
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4. FEI Number <b>59 341 0019</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WOLFE, LARRY 200 - A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARRETT, T. M.</b>
STREET ADDRESS	<b>750 NORTH ATLANTIC AVE., UNIT 1004</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUSIECKI, TONI M.</b>
STREET ADDRESS	<b>750 NORTH ATLANTIC AVE., UNIT 1004</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARRETT, T. M.</b>
1.3 STREET ADDRESS	<b>2023 N. ATLANTIC AVE, # 143</b>
1.4 CITY-ST-ZIP	<b>COCOA BEACH, FL. 32931</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RUSIECKI, TONI M.</b>
2.3 STREET ADDRESS	<b>2023 N. ATLANTIC AVE, # 143</b>
2.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **4-3-97 402-799-2467**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)