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

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

US

26

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2023 N. ATLANTIC AVE.

COCOA BEACH FL 32931

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2023 N. ATLANTIC AVE.

COCOA BEACH FL 32931

2. Principal Place of Business

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

×

Applied For Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified 05/06/1996

59-3410019

5. Certificate of Status Desired

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000039099 (2) DOCUMENT #

GEMS & TREASURES INC.

City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Wolfe, Larry 200 - A JOHN KNOX ROAD Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32303-6643 83 84 City 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, 1 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 (NOTI. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ■ Addition TITLE BARRETT, T. M 1.2 NAME NAME 2023 N. ATLANTIC AVE., #143 1.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE RUSIECKI, TONI M NAME 2.2 NAME 2023 N. ATLANTIC AVE., #143 STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 6.4 CITY-S1-ZIP 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 eath; 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

1-12-98 UNITOD DUIT