SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000084351

DAVID'S GEMS, INC.

| FILED | | | | | |
|----------------------|--|--|--|--|--|
| Sep 21, 1999 8:00 am | | | | | |
| Secretary of State | | | | | |

09-21-1999 90013 011 ***550.00



| Note Park RNAD NOW WEST PAULETTO PAIK RNAD SUITE 106 SUITE 106 SUITE 106 SUITE 106 SUITE 106 SUITE 106 SUITE 107 SUI | Principal Place of Business | Mailing Address | | | ((82)(82) 148 (81) (881) 881/1 881/1 881/1 881/1 881/1 81/1 |
|--|--|----------------------------------|-----------------|----------------------|--|
| BOCA RATON FL 39439 8 CAA RATON FL 39439 2 Pancipal Place of Business 2 A. Mailing Address 4 Fe Humber 5 GROUND23 2 Pancipal Place of Business 2 A. Fe Humber 5 GROUND23 3 Sulte, Apt if, etc. 5 Certificate of Status Desirue 5 GROUND23 2 City & State 2 City & State 2 City & State 2 City & State 3 Country 2 D. Country 2 D. Country 3 D. Name and Address of Current Registered Againt 4 Fe Required 5 Required 5 COUNTRY 5 Name 4 Fe Required 5 Country 5 Name and Address of Current Registered Againt 4 Name 4 City & State 4 City & State 5 Sulte, Apt if, etc. 5 Country 5 Name and Address of Current Registered Againt 5 Name 5 Name and Address of Name Registered Againt 5 Name 6 CORAL GABLES FL 33134 4 City 5 Sulte, Apt if, etc. 5 Name and Address of Name Registered Againt 5 Name 6 CORAL GABLES FL 33134 5 City 5 Sulte, Apt if, etc. 5 Name and Address of Name Registered Againt 5 Name 6 CORAL GABLES FL 33134 5 City 5 Sulte, Apt if, etc. 5 Name and Address of Name Registered Againt 6 Name and Address of Name Registered Againt 6 Name and Address of Name Registered Againt 7 Name 7 Name 7 Name Address of Name Registered Againt 7 Name 8 City 7 Sulte, Apt if, etc. 7 Name Address of Name Registered Againt 7 Name 7 Name Address of Name Registered Againt 7 Name 8 Name Address of Name Registered Againt 7 Name 8 Name Address of Name Registered Againt 8 Name 8 Name Address of Name Registered Againt 8 Name 8 Name Address of Name Registered Againt 8 Name 8 Name Address of Name Registered Againt 8 Name 8 Name Address of Name Registered Againt 9 Name A | 7000 WEST PALMETTO PARK ROAD 7000 WEST PALMETTO PARK ROAD | | | | |
| 2. Principal Place of Business 2a. Mailing Address 3c. Mailing Address 4. FER Number 3c. Control 3c. Con | | • | | | DO NOT WRITE IN THIS SPACE |
| 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 4. FEI Number Applied For Solito, Apt. 4, etc. Sullo, Apt. 4 | BOCA RATON FL 33433 | BOCA RATON FL 33433 | | | |
| 2. Principal Piace of Business 2. Malling Address 2. Suite, Apr. 4, etc. Suite, Apr. 5, etc. Suite, Apr. 6, etc. Suite, Apr. 6, etc. 27 Suite, Apr. 6, etc. 28 Suite, Apr. 6, etc. 27 City & State Suite, Apr. 6, etc. 28 City & State Suite, Apr. 6, etc. 29 Country 29 Country 29 Country 29 29 Country 29 29 Country 29 20 Country 20 Country 20 Country 20 Country 21 Country 22 Country 22 Country 23 Suite, Apr. 6, etc. 30 Suite, Apr. 6, etc. 31 Name AMERILAWYER CHARTERED 343 ALMERA AVENUE CORAL GABLES FL 33134 Suite, Apr. 6, etc. City & State Country | • | | | | · · |
| Scher April 20 | | Adaiting Address | | | |
| Sulfe, Apt. 8, etc. 27 Sulfe, Apt. 8, etc. 27 Sulfe, Apt. 8, etc. 5. Certificate of Status Desired \$8.75 Additional \$8.75 Additional | | | Mailing Address | | · · · · · · · · · · · · · · · · · · · |
| S. Certificate of Status Desired Fee Required Fee Required Fee Required City & State City & City | 21 | | | <u> </u> | \$8.75 Additional |
| City & State City & State | Suite, Apt. #, etc. | | | | & Continues of Status Desired |
| 28 | | | | | 6 Election Campaign Financing \$5.00 May Be |
| 20 Zoundry Zip Zip Country 3 30 S. This corporation owes the current year Yes No. | | ⊢ , ' | | | |
| 9. Name and Address of Current Registered Agant 4. AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Parasent in the provision of sections 807.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named object of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named object of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 807.0505. Florids Statutes, the above-named object agent ag | | | Cot | untry | 8. This corporation owes the current year |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607,0902 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and accept the obligations of, section 507,0508, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. 14. CITY STORMARM, LAURA M TITLE PD SCHWARZMAN, DAVID C 15. TITLE DELETE 15. TITLE DELETE 15. TITLE DELETE 25. TITLE DELETE 25. TITLE DELETE 25. TITLE DELETE 25. TITLE DELETE 35. TITLE DELETE 25. TITLE DELETE 35. TITLE DELETE 25. TITLE DELETE 35. TITLE DEL | <u> </u> | <u> </u> | 30 | _ | Intangible Personal Property. Yes No |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 607:0502 and 607.1508, Florida Statutes, the advanced by the corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the appointment as registered agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the appointment are registered diffice or registered agent, and accept the obligations of, section 607.0505, Florida Statutes, the appointment are registered agent, and accept the obligations of, section 607.0505, Florida Statutes, the appointment are registered agent, and accept the obligations of, section 607.0505, Florida Statutes, the appointment are registered agent, and accept the obligations are registered above and accept the obligations are registered above as authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and accept the appointment are registered agent and accept the appointment are registered agent and accept t | 9 Name and Address of Currer | | 11 | | 10. Name and Address of New Registered Agent |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 | | | | 81 Name | |
| 343 ALMEHA AVENUE CORAL GABLES FL 33134 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, 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 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 age | AMERILAWYER CHARTERED | | | 93 Street A | ddrass (P.O. Box Number is Not Accentable) |
| 11. Pursuant to the provisions of sections 607 0502 and 607.1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and so if appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered office of the appointment as registered agent and so if appointment as registered and so if appointment as a sametand so if appointment as registered and so if appointment as registered and so if appointment as reg | 343 ALMERIA AVENUE | | 82 Street Ad | | duless (1.0. box Hamber is Not Nossphasis) |
| 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 epipointment as registered special manufacture of the provision in board of directors. I hereby accept the epipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation in board of directors. I hereby accept the epipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation in board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the epipointment as registered agent, or board of directors. I hereby accept the obligations of acceptance agent, and acceptance acce | CORAL GABLES FL 33134 | | | 83 | |
| 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 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, 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 and size if appointment as registered agent | | | | 84 City | FI 85 Zip Code |
| office or registered agent, or both, in the state of registered agent, or both, and accept the obligations of, section 607 0505, Floridas Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PD SCHWARZMAN, DAVID C STREET ADDRESS CITY-ST-ZIP TITLE VSTD SCHWARZMAN, LAURA M 7000 W PALMETTO PARK RD; STE 106 BOCA RATON FL 33433 14. GITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 32 NAME 32 STREET ADDRESS CITY-ST-ZIP DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE DELETE 41 TITLE DELETE 32 NAME 32 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Addition | | 0 1007 4500 Et 14- Ct-14- | 45 | | - exetion cultimits this statement for the number of changing its registered |
| SIGNATURE Signature, hybrid or principal name of registence appent and oble if applicable (NOTE: Registence Appent signature required when relinatating) | affice or registered agent of both in the STATE | or Fiorida, Such change was a | | ia by tila corpor | ration's board of directors. I hereby accept the appointment as registered |
| Signature, hypod or printed name of registered sport and title if applicables. No. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | agent. I am familiar with, and accept the oblig | ations of, section 607.0505, Flo | orida Sta | tutes. | |
| TITLE PD DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE 1.2 TITLE 2.1 TITLE 3.3 STREET ADDRESS 3.1 STREET ADDRESS 3.3 STR | SIGNATURE Signature, typed or printed name of registered age | nt and title if applicable. (No | OTE: Regist | ered Agent signature | required when remotedly) |
| SCHWARZMAN, DAVID C 12 NAME 13 STREETADDRESS 14 CITYST-ZIP | 0==0==0.44 | | 13. | | |
| STREET ADDRESS TOOO W PALMETTO PARK RD, STE 106 1,3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition | TITLE . PD | DELETE | 1.1 71 | ITLE | . Change L. Addition |
| CITY-ST-ZIP | | • | 1.2 N | AME | |
| TITLE | STREET ADDRESS 7000 W PALMETTO PARK RD | , STE 106 | 1.3 \$ | TREET ADDRESS | |
| NAME SCHWARZMAN, LAURA M 7000 W PALMETTO PARK RD, STE 106' 23 STREET ADDRESS | CITY-ST-ZIP BOCA RATON FL 33433 | ` | 1.4 C | ITY-ST-ZIP | |
| STREET ADDRESS BOCA RATON FL 33433 23 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition | TITLE VSTD | DELETE | 2.1 T | ITLE | Change L Addition |
| DELETE D | | | 2.2 N | AME | |
| TITLE | | ; STE 106" | 2.3 S | TREET ADDRESS | - |
| NAME | CITY-ST-ZIP BOCA RATON FL 33433 | | | | |
| STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | TITLE | ☐ DELETE | | | Change () Addition |
| STREET ADDRESS STRE | NAME | | | | |
| DELETE | STREET ADDRESS | | | ľ | |
| NAME | CITY-ST-ZiP | | _ | | |
| STREET ADDRESS | TITLE | DELETE | 1 | | Change [] Addition |
| Addition City-St-Zip Addition Change Addition | NAME | | | 1 | |
| DELETE DELETE 5.1 TITLE Change Addition | STREET ADDRESS | | 1 | | |
| DELETE | CITY-ST-ZIP | | | | Col Autition |
| STREET ADDRESS | TITLÉ | L_ DELETE | | | Change L Addition |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP | NAME | | - 1 | | |
| TITLE DELETE 6.1 TITLE Change Addition . NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP | STREET ADDRESS | | | | |
| NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP | | | _ | | Channe Market |
| STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP | TITLE | DELETE | | | L Change Addition . |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP | NAME | | | Į. | |
| | STREET ADDRESS | | - I | | |
| | CITY-ST-ZIP | AL: Fit - J | | | section 119 07/3Vi) Florida Statutes further certify that the information |

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in section (1.5.0.(5)). Include statutes, includes the 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 cooporation 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.