


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90222 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000033520

1. Corporation Name

THE BLUE DIAMOND JEWELERS, INC.

Principal Place of Business

5801 Pelican Bay Blvd.  
 Suite 300  
 Naples, FL 34108-2709

Mailing Address

5801 Pelican Bay Blvd.  
 Suite 300  
 Naples, FL 34108-2709

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 04/10/1998 <b>4. FEI Number</b> 59-3587830 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

KANNENSOHN, JEFFREY S

5801 Pelican Bay Blvd., Suite 300  
 Naples, FL 34108-2709

10. Name and Address of New Registered Agent

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. <input type="checkbox"/> DELETE	1.1 TITLE	PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERND MASTMEIER	1.2 NAME	BERND MASTMEIER
STREET ADDRESS	5801 PELICAN BAY BLVD, STE. 300	1.3 STREET ADDRESS	5801 PELICAN BAY BLVD # 300
CITY-ST-ZIP	NAPLES, FL. 34108-2709	1.4 CITY-ST-ZIP	NAPLES, FL. 34108-2709
TITLE	V.P. <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLE MASTMEIER	2.2 NAME	NICOLE MASTMEIER
STREET ADDRESS	5801 PELICAN BAY BLVD # 300	2.3 STREET ADDRESS	5801 PELICAN BAY BLVD # 300
CITY-ST-ZIP	NAPLES, FL. 34108-2709	2.4 CITY-ST-ZIP	NAPLES, FL. 34108-2709
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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:

BERND MASTMEIER

4/19/99

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