

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # S06142

(1)

ABS GEMS AND DIAMONDS, INC.

APPROVED
AND
FILED

MAY - 1 1996 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
8221 GLADES RD
BOCA RATON FL 33434

Alternate Office Address
8221 GLADES RD
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Office of Incorporation

2a. Mailing Address

21. State: Apt. # of

26. State: Apt. # of

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

3. Date of Incorporation or Qualification

10/11/1990

3a. Date of Last Report

04/08/1994

4. Filer Number

65-0230741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation is also required to file an annual report under § 100.022,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STAUB, ADAM B
8221 GLADES RD.
BOCA RATON FL 33434

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 607.02(1), (2), and 607.15(6), 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 Sections 607.02(1), (2), and 607.15(6), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent or Director or Officer

Signature of Registered Agent or Registered Agent or Director or Officer

Date

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	STAUB, ADAM B
STREET ADDRESS	6037 OLD CT. RD. #902
CITY, STATE, ZIP	BOCA RATON FL 33433
TITLE	V
NAME	STAUB, MARCI J
STREET ADDRESS	6037 OLD CT. RD. #902
CITY, STATE, ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 190.02(2)(b), Florida Statutes. I further certify that the information published on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and put my name appears in Block 12 or Block 13 of this report as an attachment with no change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95