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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED May 10, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 05-10-1999 90098 002 ***150.00 DIVISION OF CORPORATIONS 1999

DOCUMENT # 675564 1. Corporation Name MAX RYANT JEWELER'S #III, INC.

| 7152 North University Drive Tamarac FL 33321 US | 7152 NORTH UNIVERSITY DRIVE TAMARAC FL 33321 US | DO NOT WRITE IN THIS SPACE | DO NOT WRITE IN THIS SPACE | |
|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|--|
| | | 3. Date Incorporated or Qualifed 06/05/1980 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | lied For | |
| 11 | 26 | 59-2040070 Not a | Applicable | |
| Suite, Apt. #, etc. | Surte, Apt. #, etc. | 5. Certifcate of Status Desired | | |
| City & State | City & State | 6. Election Campaign Financing S5.00 w Trust Fund Contribution Added to | , | |
| Zip Country | Zip Cou | J. 17110 001portation of the delivery | ⊒No | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| RYANT LAISO | | 81 Name | | |
| 7152 N UNIVERSITY DRIVE | | Street Address (P.O. Box Number is Not Acceptable) | | |
| TAMARAC FL 33321 | | 83 | | |
| | | 84 City FL 85 Zip Co | ode | |

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, and accept the obligations of Section 607.0505. Florida Statutes

| agent. Fam ramiliar with, and accept the obligations of, Section 607.0003, Profiles Statutes. | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | egistered Agent signature require | d when reinstating) DATE | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE T | S DELETE | 1.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | RYANT, LAISO | 1.2 NAME | | | | | |
| STREET ADDRESS | 7152 N UNIVERSITY DRIVE | 1,3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE | 2.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 2.2 NAME | | | | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 2, 4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE | 3.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 3.2 NAME | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 4.2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | Change Addition | | | | |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | Change Addition | | | | |
| NAME | | 62 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 it made under oath; that I am are 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 an attachment with address, with all other like empowered.

SIGNATURE: (