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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F15771

(1)

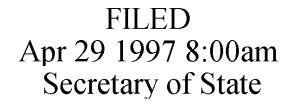
**COFFRIN JEWELERS, INC.** 

Principal Place of Business

Mailing Address

1829 S. OSPREY AVENUE SARASOTA FL 34239

1829 S. OSPREY AVENUE SARASOTA FL 34239-3614





							1				
							3. Date Incorporated or Qualified 01/22/1981	3a. Date 04/24		eport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For	
21			26				<b>59-2117584</b> Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip		Country	Zip		Country	/	8. This corporation has liability for i	ntangible ta	x under s	199.032	
24	2	5	29	30	]		Florida Statutes	Yes 🗆	No		
	9. Name a	nd Address of Curren	I Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Ag	ent		
	IN, TERRY				81	Name					
3618 P/			82	Street Add	Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34231											
					83						
•					84	City		FL	<b>85</b> Zip i	Code	
11. Pursuant to t	he provision	ns of Sections 607.050	2 and 607.1508, Flor	rida Statutes,	the abov	e-named cor	poration submits this statement for the p	urnose of ch	anging it	s registored	
office or regi: agent. I am f	istered ager Iamiliar with	nt, or both, in the State , and accept the obliga	of Florida. Such cha ations of, Section 601	inge was auth 7.0505, Florida	iorized b a Statute	y the corpora s.	tion's board of directors. I hereby accep	t the appoir	tment as	registered	
SIGNATURE Sign	nature, typed or	printed name of registered age	nt and little if applicable	(NOTE FIG	gistered Ao	ent signature requ	ired when reinstaling)	DATE			
12.		OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
	D			DELETÉ	1.1 TITLE				Change	☐ Addition	
NAME C	OFFRIN, 1	Terry R			1.2 NAME						
	618 PALO				1.3 STREE	T ADDRESS					
		, FLORIDA 00000		Ì	1.4 CITY-1	ST-ZIP					
TITLE	<del></del>			DELETE	2111TLF				Change	Addition	
NAME					22 NAME						
STREET ADDRESS					2 3 STREET	I ADDRESS					
CITY-ST-ZIP					2. 4 DITY-	ST-ZIP					
TITLE				DELETE	3.1 TITLE				Change	Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					3.4. Chy-	SI-ZIP					
TITLE				DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME	}					
STREET ADDRESS					4 3 STREE	T ADDRESS					
CITY-ST-ZIP					4.4 CITY-5	ST-ZIP					
TITLE			1	DELETE	5.1 TITLE				Change	Addition	
NAME				ľ	5.2 NAME						
STREET ADDRESS					5.3 STREE	I ADORESS					
CITY-ST-ZIP					5.4 CITY-5						
TITLE				DELETE	6.1 TITLE				Change	Addition	
NAME					6.2 NAME						
STREET ADDRESS	•				6.3 STREET	I ADDRESS					
CITY-ST-ZIP					64 CDY-5						

I do 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.