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95 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Moorehead
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G28736** (8)
1. Corporation Name
BERTHET JEWELERS, INC.

Principal Place of Business Mailing Address

% WILLIAM LESLIE BERTHET
10055 SAN JOSE BLVD
JACKSONVILLE FL 32257

% WILLIAM LESLIE BERTHET
10055 SAN JOSE BLVD
JACKSONVILLE FL 32257

2. Principal Place of Business 2a. Mailing Address

21 **10131-5 SAN JOSE BLVD** 26 **10131-5 SAN JOSE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**

24 Zip 25 Country 29 Zip 30 Country
32257 **DUVAL** **32257** **DUVAL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2286026** 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

8. The corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BERTHET, WILLIAM LESLIE
10055 SAN JOSE BLVD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERTHET, WILLIAM LESLIE
STREET ADDRESS	10055 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10131-5 SAN JOSE BLVD.
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32257
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicates a true and accurate 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. I have attached an attachment with an address.

SIGNATURE:  **WILLIAM L. BERTHET** 4-28-95 904 268-1110

Signature typed or printed name of signing officer or director Title Expiration Date