

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moroney  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J72643** (6)  
1. Corporation Name  
**GARO'S GOLD JEWELRY, INC.**



Principal Place of Business: % GARY S. OSTERBLOM, 1404 NORTH STREET ROAD 7, SUITE 155, MARGATE FL 33063  
Mailing Address: % GARY S. OSTERBLOM, 1404 NORTH STREET ROAD 7, SUITE 155, MARGATE FL 33063

2. Principal Place of Business: 21 Subd. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 Subd. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: 04/27/1987; 3a. Date of Last Report: 02/03/1995  
4. FEI Number: 59-2795237; 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No [ ]

9. Name and Address of Current Registered Agent: OSTERBLOM, GARY, 901 S.W. 56 AVE., MARGATE FL 33068

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number if Not Applicable); 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.011 and 607.16(4), 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 607.011(5), Florida Statute.

SIGNATURE: *Gary Osterblom*

*[Signature]*

12. OFFICERS AND DIRECTORS

|                |   |                  |                                  |
|----------------|---|------------------|----------------------------------|
| TITLE          | D | OSTERBLOM, GARY  | <input type="checkbox"/> DELETED |
| NAME           |   | 901 S.W. 56 AVE. |                                  |
| STREET ADDRESS |   | MARGATE FL       |                                  |
| CITY- ST- ZIP  |   |                  |                                  |
| TITLE          |   |                  | <input type="checkbox"/> DELETED |
| NAME           |   |                  |                                  |
| STREET ADDRESS |   |                  |                                  |
| CITY- ST- ZIP  |   |                  |                                  |
| TITLE          |   |                  | <input type="checkbox"/> DELETED |
| NAME           |   |                  |                                  |
| STREET ADDRESS |   |                  |                                  |
| CITY- ST- ZIP  |   |                  |                                  |
| TITLE          |   |                  | <input type="checkbox"/> DELETED |
| NAME           |   |                  |                                  |
| STREET ADDRESS |   |                  |                                  |
| CITY- ST- ZIP  |   |                  |                                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

|                |  |  |   |
|----------------|--|--|---|
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |   |
| STREET ADDRESS |  |  |   |
| CITY- ST- ZIP  |  |  |   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |   |
| STREET ADDRESS |  |  |   |
| CITY- ST- ZIP  |  |  |   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |   |
| STREET ADDRESS |  |  |   |
| CITY- ST- ZIP  |  |  |   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |   |
| STREET ADDRESS |  |  |   |
| CITY- ST- ZIP  |  |  |   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |   |
| STREET ADDRESS |  |  |   |
| CITY- ST- ZIP  |  |  |   |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this document is not for supplemental annual report inclusion 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 a statement with an address.

SIGNATURE: *Gary Osterblom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GARY OSTERBLOM

4/6/96 954-979-3209

CR2E034 (12/95)