

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
January 14, 1996
Secretary of State
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

DOCUMENT # L36848

(4)

95 MAY -1 AM 8:23

KOLESH JEWELERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3970 RCA BLVD., SUITE 7008, PALM BEACH GARDENS FL 33410
Mailing Address: 3970 RCA BLVD., SUITE 7008, PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/18/1989		04/25/1994	
22. Suite Apt # etc		27. Suite Apt # etc		4. FFI Number		Applied For	
23. City & State		28. City & State		65-0164822		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25. County		30. County		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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAPIR, M. RICHARD 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 199.031 and 199.032, 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. Can the change be 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 199.031, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	D KILTCHIGIN, WILLIAM 4371 EMPRESS ST. PALM BEACH GRDNS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KOLTCHIGIN, CARMEN 4371 EMPRESS ST. PALM BEACH GRDNS FL	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemptions stated in Section 199.031, Florida Statutes. I further certify that the information included in 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 can be verified or checked for at the corporation or the receiver or trustee organization to whom this report is required by Chapter 199, Florida Statutes, and that my name appears in Block 17 of Block 13 of this report. I am authorized to sign with an address: _____

SIGNATURE: *Carmen Koltchigin* April 26 '95 407 627 3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR