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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	ANNUAI 1 9	L REPO 996	Secretary or State				NS			
	OCUMI Corporation Na		# P9200	00006182 (9)					
	PRECIOU	us pet	S, INC.					 		4 64 1848 110 1861
 Pri	incipal Place of I	Business		Mailing Address					 	
3465 BEE RIDGE RD				3465 BEE RIDGE RD						
	APT 324 SARASOTA FL :	94230		APT 324 SARASOTA FL 34239						
	ONIOCIA IE	04233		Oningo in 12 94200			3. Date incorporated or Qualified 11/19/1992	3a. Date of Last 04/20/1	,	
2.	Principal Place	ol Busine	ess	2a. Mailing Address				4. FEI Number	04/20/1	Applied For
21		26 3465 Bee				9	idge	65-0373920		Not Applicable
22	Suite, Apt. #, et	etc		Suite, Apt. #, etc.			J	5. Certificate of Status Desired	1 1 ,	5 Additional
22	City & State		·	City & State				6. Election Campaign Financing		PRequired May Be
23				28 Sarasot	C1			Trust Fund Contribution		led to Fees
24	Zip	}	Country	Zip 24787	Coun	try		8. This corporation has liability for i		s 199.032,
24	24 25 29 + / . 3 3 3 3 3 3 3 3 3				30			Florida Statutes Yes 10. Name and Address of New R		
					E	31	Name			
ANDERSEN, NORMA						32	Street Addres	ss (P.O. Box Number is Not Acceptab	le)	
3465 BEE RIDGE RD										
APT 324					E	33				
SARASOTA FL 34239						14	City		FL 85 2	Zip Code
	or registered a familiar with, a GNATURE	agent, or I and accep	both, in the State of Flor of the obligations of, Sec	da. Such change was authorize lion 607.0505, Florida Statutes.	d by the co	rpor	ration's board	tion submits this statement for the pur of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office id agent. I am
12		ature typed c	or printed name of registered agen	and title if applicable (NOTI D DIRECTORS	E: Registered A	gent s	signature required v	where revisitating: ADDITIONS/CHANGES TO OFF	DATE	ODO IN 40
TITI		P	0///02/10/10	DELETE	1, 1 Titl	.ŧ		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
NAM	ME	ANDER:	sen, norma		1.2 NAM	E				
STR			EE RIDGE RD APT 3	124	1.3 STRE	ET A	DDRESS			
		SARAS	DTA FL 34239		1.4 CITY	_	- ZIP			
TIT	I	ANDED	SEN, MARTHA	☐ DELETE	2. 1 TITE				☐ Change	Addition
NAN			DX-814/NA 공간	(1675 mirejtun, Ut 363 DELETE	2.2 NAM 2.3 STR8		DDDtcc			
:			IGTON OT Will	mington, or	2.4 CITY					
TITL		ST	05	363 DELETE	3 1 TITL				Change	Addition
NAN	NE	ANDER:	SEN, DIANE	1 No. Riverside	3 2 NAM	E				
	EET ADDRESS	3465-B(E RIDGE RD. 120	asota sus Di	3.3. STR	EET A	ADDRESS .			
Cl ⁷³	Y-ST-ZIP	SAHASI	JIA FL	DELETE	3.4 CITY		ZIP			En same
NAN					4. 1 TITL 4.2 NAM				Change	Addition
	FFT ADDRESS				4.3 STRE		DDRESS			
יזוס	Y-ST-ZIP				4.4 CITY		1			
TITL	F			☐ DELETE	5. 1 TITL	F			☐ Change	☐ Addition
NAS					5.2 NAM	E				
	EET ADDRESS				5.3 STRE		1			
CITY TITL	Y-ST-ZIP			DELETE	5.4 CITY		ZIP		Chocas	["] Addition
NAN				C) percet	6. 1 TIT). 6.2 NAM				☐ Change	Addition
	EFT ADDRESS				6.3 STRE		DORESS			
	Y-ST-ZIF				6.4 CITY		I			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Normal And Type on Printed Name of Signific Ordinary Control of Contro