

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

STATE OF FLORIDA
 SECRETARY OF STATE
 1995



DEPARTMENT OF REVENUE
 100 SOUTH WASHINGTON STREET
 TALLAHASSEE, FLORIDA 32301-2000
 (904) 488-2000

REMOVED
 AND
 FILED

95 MAR -1 PK 1

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000056359 (1)

ADLER WINSTON JEWELRY LOAN COMPANY

Principal Place of Business
 411 19TH STREET SOUTH
 ST. PETERSBURG FL 33712

Mailing Address
 411 19TH STREET SOUTH
 ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 03/22/1994
4. FEI Number 59-3197419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

PSALTIS, BILL
 411 19TH STREET SOUTH
 ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____
(NOTE: Registered Agent requires separate signature mandating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PSALTIS, BILL
STREET ADDRESS	411 19TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL 33712
TITLE	VD
NAME	KLASCHIK, THOMAS
STREET ADDRESS	1600 WEST BAY DRIVE
CITY - ST - ZIP	LARGO FL 34630
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I file an affidavit of the corporation or the officer or trustee responsible 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: *Bill Psaltis* **Bill Psaltis** 2/23/95 813-823-3653
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR