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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

P93000056359 (1)

DOCUMENT #

ADLER WINSTON JEWELRY LOAN COMPANY



Principal Place of Business		Mailing Address						
411 19TH STR ST. PETERSBL		411 19TH STREET SO ST. PETERSBURG FL						
		•			3. Date incorporated or Qualified 08/09/1993	3a. Date of t 03/0		
2. Principal Plac	co of Business	2a. Mailing Address	Mailing Address		4. FEI Number			Applied For
2. FIRODAFIA	CO OF EUGINOSE	26			59-3197419			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Gertificate of Status Desired	<u> </u>		Additional Required	
22 City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	9 Name and Address of Current	L	[30]		10. Name and Address of New F	legistered Age	ent	
	g. Hallie and Address of Cartesia		81	Name				
PSALTIS,	RII I		-		ress (P.O. Box Number is Not Acceptat	(alc)		
A11 10Th	I STREET SOUTH		82	Street Add	ress (F.O. Box Number is Not Acceptate	,,,,,		
ST PETE	RSBURG FL 33712		83					
01.7210			84	City		FI	35 Zi	p Code
i				<u> </u>	oration submits this statement for the pured of directors. Thereby accept the and	• -	ing ite	registered office
or registere familiar wit	of the provisions of sections of 2000 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia Such change was authori on 607.0505, Florida Statute	ized by the corp iss.	oranon's boa	ard of directors. Thereby ecosys are dept		istered	d agent. I am
SIGNATURE _	Signature: typed or printed name of registered ago it		ФОН Выраблет Аде	nt Signature respon	er tigen (en la (d'elli))	DATE	0507	250 11 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		Change	DRS IN 12
TITLE	PO	☐ DELETE	1 1 TITLE	l l		ω,	manys	[] Addition
NAME	PSALTIS, BILL		1.2 NAME	•				
STREET ADDRESS	411 19TH STREET SOUTH			I ADDPESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33712		1,4 CITY -				Change	Addition
TITLE	VD	☐ DEFELE	2 1 THTLE	1		. Ц	ondings.	
NAME	KLASCHIK, THOMAS		2.2 NAME	i				
STREET ADDRESS	1600 WEST BAY DRIVE			T ADDRESS				
CITY-ST-ZIP	LARGO FL 34630	☐ DEL€TE	2 4 CITY - 3 1 TITLE				Change	Addition
TITLE								_
NAME		•	3.2 NAMS					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	3.4 CHY -				Change	☐ Addition
TITLE			4 2 NAME			_		_
NAME			4	ET ADDRESS				
STREET ADDRESS				1				
CITY - ST - ZIP		DELETE	4.4 CITY 5.1 TITLE				Change	Addition
TITLE			5.2 NAMI					
NAME				ET ADDRESS				
STREET ADDRESS			5.3 SINC 5.4 CITY	1				
CITY-ST-ZP		☐ DELETE	6 1 TiTL				Change	Addition
THILF			6.2 NAM					
NAME	1			ET ADDRESS				
STREET ADDRESS			6.4 CITY					
CITY - ST - ZIP			0.4 UH 1	. 31-11L		0.03.0.0.5	ī. 0	As a 1 f with an

14. I do hereby certify that the information supplied with this filling 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 cath; 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:

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 11, 1996 (813) 823-6522

CR2E034 (12/95)