2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other the empowered

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # P97000012482 **Secretary of State** 1. Entity Name JEWEL EQUITIES CORPORATION Principal Place of Business Mailing Address 8473 BAY COLONY DR 8473 BAY COLONY DR NAPLES FL 34108-0728 NAPLES FL 34108-0728 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3431994 Not Applicable Zip Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAHN, RICHARD F 8473 BAY COLONY DR #2001 NAPLES FL 34108 Street Address (P.O. Box Number is Not Acceptable) Çily Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typeo or printed name of registered agent and life if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BRE ☐ Delete THLE Change Addition HAHN, RICHARD F NAME NAME U00000018497 STREET ADDRESS 8473 BAY COLONY DR #2001 STREET ADDRESS 01/28/04-80135-023 150.00 CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP VPS ☐ Change TITLE Defete TITLE Addition MAME HAHN, GINA D NAME STREET ADDRESS 8473 BAY COLONY DR #2001 STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP NAPLES FL 34108 Delete TITLE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP TITLE Delete TIRE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED