## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

**DIVISION OF CORPORATIONS** 

08-09-1999 90001 010 \*\*\*150.00

1999

FILED Aug 09, 1999 8:00 am Secretary of State

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DOCUMENT # P98000029186						
JEWELRY CONNECTION SUPERSTORE, INC.					60/2537 - 90001 - 10	
OCTIVELIT	W COMMESTION COLLING	TOTIL, IIIO				
Principal Place	e of Business	Mailing Address			T 198 HEDT IS BY SECOND TO HE SAN TO HE TO	) ilaia (Alfi Jias) laira Alli lasi
1446 PINEHURST DRIVE 1446 PINEHURST DRIVE					}	
SPRING HILL F	FL. 34606	SPRING HILL FL 34606			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
			·		03/30/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3524268	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Sprina Hill 28				Trust Fund Contribution Added to Fees		
Zip Country Zip			<del></del>	8. This corporation owes the current year Intendible Personal Property.  Yes No		<b>3</b> 1/2 -
4 FL	25 Hernano		30		Intangible Personal Property.  10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	IV. Name and Address of New Registered	Agent
CAP	rter, Johanna		Ĺ			
1446 PINEHURST DRIVE			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)	
SPR	RING HILL FL 34606		8	3		
			8	4 City		85 Zip Code
				1	<u>FL</u>	
office or r	to the provisions of sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was a	iuthorized l	by the corporal	oration submits this statement for the purpose of characteristics of directors. I hereby accept the appoint	langing its registered ntment as registered
SIGNATURE .				<del></del>		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PSTD DELETE		13.	<del></del>	7,5511,6110,51,711,022,103,103	Change Addition
NAME	Carter, Johanna		1.2 NAMI	.		-
STREET ADDRESS	10614 BRANE LANE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-		<u> </u>	
TITLE	DELETE		2.1 TITLE	1	•	Change Addition
NAME			2.2 NAMI	- 1		
STREET ADDRESS				ET ADDRESS		
CITY-\$T-ZIP		DELETE	2.4 CITY- 3.1 TITLE			Change Addition
NAME			3.2 NAMI			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	<u></u>		3.4 CITY	ST-ZIP		
TITLE		DELETE	4.1 TITLE	i		Change Addition
NAME		1	4.2 NAMI			
STREET ADDRESS		, .	1	ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI			Similar Til vasioni
STREET ADDRESS		•	5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE	to as a	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	}		
STREET ADDRESS (				ET ADDRÉSS		
CITY-ST-ZIP	ortify that the information supplied wi	th this filing does not qualify for th	6.4 CITY		ection 119.07(3)(i). Florida Statutes, I further certify	that the information

indicated on this annual report or supplied with this filling does not qualify for the Aerinpuol stated in section 1.507 (5)(f). Indica stated is the Middle of the Aerinpuol stated in section 1.507 (5)(f). Indica stated is the Aerinpuol stated in Section 1.507 (5)(f). Indica stated is the Aerinpuol stated in Section 1.507 (5)(f). Indica stated is 1.507 (5)(f). Indica st **SIGNATURE** 

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clear II elept of State, weth a gentleman,