

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sonera B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23090 (1)**

1. Corporation Name
GOLDMASTERS JEWELRY REPAIR, INC.



Principal Place of Business: **1910 WELLS ROAD ORANGE PARK FL 32073**
Mailing Address: **1910 WELLS ROAD ORANGE PARK FL 32073**

3. Date Incorporated or Qualified: **01/07/1991**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-3053659**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**CHRISTOFF, MARILYN J
1910 WELLS ROAD
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CHRISTOFF, MARILYN J	
STREET ADDRESS	1910 WELLS RD.	
CITY, ST, ZIP	ORANGE PARK FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CHRISTOFF, MARILYN J	
STREET ADDRESS	1910 WELLS RD.	
CITY, ST, ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Brian M. Christoff	
3. STREET ADDRESS	1910 Wells Rd.	
4. CITY, ST, ZIP	ORANGE PARK, FL 32073	
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 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 trustee or person 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 addition next to my address.

SIGNATURE: *Marilyn J. Christoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 904-244-7830
Date Office Phone

CR2E034 (12/95)