

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 542296 (9)

1. Corporation Name

CAPE CORAL JEWELERS, INC.

Principal Place of Business

1314 CAPE CORAL PARKWAY
SUITE 1
CAPE CORAL FL 33904

Mailing Address

1314 CAPE CORAL PARKWAY
SUITE 1
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1977

3a. Date of Last Report

03/31/1994

4. FEI Number

59-1767297

Applied For

Not Applicable

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. 190.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZAK, RAMIRO
1314 CAPE CORAL PARKWAY
SUITE 1
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ZAK, SARA
STREET ADDRESS 1314 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL

TITLE PD
NAME ZAK, RAMIRO
STREET ADDRESS 1314 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL

TITLE SD
NAME ROSANIO, TOM
STREET ADDRESS 4908 S.W. 9TH PLACE
CITY-ST-ZIP CAPE CORAL FL

TITLE D
NAME ZAK, CHRISIAN
STREET ADDRESS 1314 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL

TITLE ST
NAME RUBEN S. ZAK
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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 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; 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:

Thomas W. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print)

4-24-95 8135427766