FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

KIRK JEWELERS INC.					
Principal Place of Business	Mailing Address				
132 E FLAGLER ST MIAMI FL 33131	132 E FLAGLER ST MIAMI FL 33131				
Principal Place of Business 21	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90039 019 ***150.00



MIAMI PL JOIJI		MINMI TE COTO		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
					12/04/1947	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0574980	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27 City & State		·· ·	- Flating Company Firewise	·
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	0	Zip	Country	,	This corporation owes the current year Intan	
Zip	Country		30	1		Yes No
24	25		30		10. Name and Address of New Registered Ag	
	9. Name and Address of Current	r wedistara wileter	81	Name	1	-
NEW	/BAUER, JULIAN H.					
	E FLAGLER ST		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	Al FL 33131		83			
MINAN	MI FL 33131		10.	']	. <u> </u>	<u> </u>
			84	City	FI	85 Zip Code
				<u> </u>		name its societored
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was au	thoused by	r title corporat	rporation submits this statement for the purpose of charical statement for the purpose of charical statement of the purpose of charical statement for the purpose of charical statement	ment as registered
SIGNATURE					0175	
	Signature, typed or printed name of registered agen	···		nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	OFFICERS AN		13.			Change Addition
TITLE	TP	☐ DELETE	1.1 TITLE			
NAME	NEWBAUER, JULIAN H.		1.2 NAME			
STREET ADDRESS	132 E FLAGLER ST		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Cliarige ☐ Additio
NAME	NEWBAUER, JUNE		2.2 NAME			
STREET ADDRESS	132 E. FLAGLER ST.		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	NEWBAUER, ALISA J.		3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		1 4
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		3 3 3
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STRE	ET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
	•		5.3 STRE	ET ADDRESS		
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
TITLE			6.2 NAME	i		
NAME				ET ADDRESS		
STREET ADDRESS	,		0.3 STKE	E I MUUTEGO		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.