

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **310269** (6)

1. Corporation Name
CHAMBERS JEWELERS, INC.



Principal Place of Business: **2500 S WASHINGTON AVE SUITE 32 MIRACLE CTY MALL TITUSVILLE FL 32780**
Mailing Address: **2500 S WASHINGTON AVE SUITE 32 MIRACLE CTY MALL TITUSVILLE FL 32780**

2. Fiscal Period of Business: 21. Fiscal Year, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address 27. City & State 28. Zip Country 29. 30.

3. Date Incorporated or Qualified: **10/24/1966** 3a. Date of Last Report: **01/26/1995**
4. FIC Number: **59-1153473** 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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GODFREY, ANN C
2500 S WASHINGTON
SUITE 32
TITUSVILLE FL 32780**

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 607.0907 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 Sections 607.0907, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: [] DIRECTOR
2. NAME: **PSTD GODFREY, ANN C**
3. STREET ADDRESS: **3700 MIRIAM DR TITUSVILLE FL VD**
4. CITY, STATE, ZIP: **GODFREY, NATALIE A 2013 S KIRKMAN RD, 62 ORLANDO FL**
5. TITLE: [] DIRECTOR
6. NAME:
7. STREET ADDRESS:
8. CITY, STATE, ZIP:
9. TITLE: [] DIRECTOR
10. NAME:
11. STREET ADDRESS:
12. CITY, STATE, ZIP:
13. TITLE: [] DIRECTOR
14. NAME:
15. STREET ADDRESS:
16. CITY, STATE, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, STATE, ZIP: [] Change [] Addition
5. TITLE:
6. NAME:
7. STREET ADDRESS:
8. CITY, STATE, ZIP: [] Change [] Addition
9. TITLE:
10. NAME:
11. STREET ADDRESS:
12. CITY, STATE, ZIP: [] Change [] Addition
13. TITLE:
14. NAME:
15. STREET ADDRESS:
16. CITY, STATE, ZIP: [] Change [] Addition

14. I 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 furnished 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 by the officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on any supplemental filing with an address.

SIGNATURE: *Ann C. Godfrey* President 3/20/96 407-267-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)