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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 388700

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90013 002 ***150.00

MARGAT	e Jewelers, Inc.								
Principal Place	of Business	Mailing Address	-						
278 NO STATE ROAD 7 278 NO STATE ROAD 7									
MARGATE FL 33063 MARGATE FL 33063						DO NOT WRITE IN TH			
						3. Date Incorporated or Qualifed			
						09/21/1971			
2 Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		Appli	ed For
21		26				59-1428091		Not A	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	v -		ditional
22		27				- Section 1		Requ	
City & State	9	City & State				6. Election Campaign Financing	• -	00 м	, ,
23		28				Trust Fund Contribution		ed to	rees
Zip	Country	Zip	30 Cou	nury		 This corporation owes the current year Personal Property Tax. 	ntangible ☐ Yes]No
24	25 9. Name and Address of Curr	29 Agent	30	l		10. Name and Address of New Registere	d Agent		
	9. Name and Address of Curi	ent Kegisteren Agont		81	Name				
COL	LINS, EPHRAIM			22	Days at Adda	ress (P.O. Box Number is Not Acceptable)			
	W. ATLANTIC BLVD.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
MAR	GATE FL 33063			83					
				84	City	<u> </u>	. 85	Zip Co	de -
				1	City	poration submits this statement for the purpose on's board of directors. I hereby accept the app		-	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOTI	E: Registered	Agen	it signature require	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TI	TLE			☐ Cha	nge	☐ Addition
NAME	ADELBERG, IRA		1.2 N	AME					
STREET ADDRESS	8559 NW 19TH DR		1.3 S	REET	ADDRESS				1
CITY-ST-ZIP	CORAL SPRINGS FL		_	TY-S	T-ZIP _		Cha		Addition
TITLE	٧	☐ DELETE	2,1 1					ilige	
NAME	ADELBERG, SANDRA		2.2 N						
STREET ADDRESS	8559 NW 19TH DR				ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	☐ DELETE	2.4.0 3.1 Ti		ST-ZIP		☐ Cha	inge	Addition
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CITY-ST-ZIP	CORAL SPRINGS FL				ST-ZIP				
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CITY-ST-ZIP					T-ZIP				T" Addition
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NAME			5.2 N		T 4 D D D C C C				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP		□ BELETE	5.4 C 6.1 T		IT-ZIP		☐ Cha	ange	Addition
TITLE		☐ DELETE		AME					
NAME					TADORESS				
STREET ADDRESS	1		0.5 5	TALE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

6.4 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.