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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 448521

(5)

STALEY JEWELERS, INC.

FILED May 04 1998 8:00am Secretary of State



| | | | | | | <u> </u> | | | |
|--|--|--------------------------|-----------|-----------------------|---------------|---|-------------|--------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 19 N E 44TH ST. 19 N E 44TH ST. | | | | | | | | | |
| FT. LAUDERD/ | ALE FL 33334 | FT. LAUDERDALE FL 33334 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | 05/06/1974 | | | |
| | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | | | 59-1515017 | No | t Applicable | |
| Suite, Apt. : | #, etc. | Surte, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 | | |
| 22 | | 27 | | | | | Fee Re | | |
| City & State | • | City & State | | | | 6. Election Campaign Financing | \$5.00 | | |
| Zip | Country | Z _{IP} Country | | | | Trust Fund Contribution | Added | | |
| 24 | 25 | . ∲g | 30 | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 | 9. Name and Address of Current | [29] Registered Agent | 130 | - | | 10. Name and Address of New Registered Agent | | | |
| WH | ITELEY, HELEN K. | | | 81 | Name | | | | |
| 105 LÁKE EMERALD DR. #706 | | | | - | Charact Addes | and (D.O. Pay Number in Net Assessable) | | | |
| | LAUDERDALE FL 33309 | | | 82 | Street Addire | Address (P.O. Box Number is Not Acceptable) | | | |
| , , , | | Ī | 83 | | | **** | | | |
| | | | } | 84 | City | | 85 Zip (| Code | |
| | | | | • | City | F | | 1 | |
| 11. Pursuant to the provisions of Sections 607.05.02 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 chango 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 harms of registered agent and total applicable (NOTE Registered Agent's gnature required when roinstalling) DATE | | | | | | | | | |
| 12. | OF LICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | IS IN 12 | |
| TITLE | PD | 1.1 317 | LE | | | Change | ☐ Addition | | |
| NAME | WHITELEY (HELEN K.) | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 105 LAKE EMERALD DR 706 | | 1.3 ST | REE 1 | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | | | 7 7 20 | | |
| TITLE | 8 | ☐ DELETE | | 2.1 1ITLE | | | ☐ Change | Addition | |
| NAME | NORTH (MOLA H.) | | | ME | | | | | |
| STREET ADDRESS | 1800 N ANDREWS AVE 3F FT. LAUDERDALE FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP | FI. LAUDERDALE FL | DELETE | 2 4 CITY | | ST-ZIP | | Change | Addition | |
| TITLE | m offett | | | 3.1 TITLE 3.2 NAME | | | □ orange | | |
| NAME Street address | | | | 3.3 STREET ADDRESS | | | | į | |
| CITY-ST-ZIP | | | • | 3.4. CITY-ST-ZIP | | | | | |
| TITLE | | DELETE 41 | | | · •" | | Change | Addition | |
| NAME | | | 4. 2 N | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 ST | REFT | ADDRESS | | | | |
| CITY-ST-ZIP | | | | [Y-\$1 | T-ZIP | | | | |
| TITLE | | DELETE | 5 1 TIT | LE | | | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | 1 | |
| CITY-ST-ZIP | DELETE | | 5.4 CI | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | | | 6.1 TITLE | | | | Change | Addition | |
| NAME | | | . 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | 6.3 ST | REET | ADDHESS | | | ļ | |
| CITY-ST-ZIP | | | 6.4 CI | [Y-S] | 1 - ZIP | | | | |

4. 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 atlachment with an address.

HELEN THE THE

OCCUPENT 3/25/98 954 776-1206