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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNUAL RE	CORPORATION ANNUAL REPORT Secretary of DIVISION OF COF						Secretary of State				
	T# 504009		(2)		<u>,</u>						
DALE JEWELRY	WHOLESALE, INC.						e obacan dirini adicii memi dikici dikica ndici	84811 8481 848	41 51511 5.611 (h (847 1844	
				···							
Principal Place of Business Mailing Address								81811 41811 418	N WIND IS BUILT	11811 1881	
3637 SOUTH WESTSHORE BLVD. 3637 SOUTH WESTSHORE BL TAMPA FL 33629 TAMPA FL 33629-8235											
							3. Date incorporated or Qualified		e of Last Ro 6/1996	epori]
2. Principal Place of Br	usiness	2a. Mail	ing Address			· · · · · · · · · · · · · · · · · · ·	06/01/1976 4. FEI Number	100/0		polied For	\dashv
21	26	-				59-1669921 Not Applied				,	
Suite, Apt #, etc		Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75 A	Additional	7	
City & State	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Financing		\$5.00	May Be	1
23							Trust Fund Contribution		Added t		
Zip 24	Country Zip 25 29				untry	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9. Na	me and Address of Currer		Agent	30			10. Name and Address of New Re				4
WILLIAMS, A	nnabelle L.				81	Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7
3637 SOUTH WESTSHORE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)						-
TAMPA FL 3	3629				83		· · · · · · · · · · · · · · · · · · ·				4
					83						
					84	'		FL		Code	1
11. Pursuant to the pro office or registered agent. Fam familiar	visions of Sections 607.050 agent, or both, in the State with, and accept the oblig-	2 and 607.15 of Florida. Si ations of, Sec	08, Florida Statute uch change was a tion 607.0505, Flo	es, the a uthorize rida Sta	above ed by stutes	e-named corp the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of o	hanging its intment as	s registered registered	
SIGNATURE		*									
\$1gea/.re. 6	sized or printed name of registered age OFFICERS AN			Registere		ent aignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	S IN 12	اء
THE D				1.1 7		T			Change	Addition	- 8
NAME WILLIA	MS, DALE M			121	IAME						2
	WESTSHORE BLVD			1.3.9	TREET	ADDRESS					18
	, FL 00000			1.40	ITY-S	T-ZIP					្តិ
TITLE P			DELETE	2.1 T	ITLE			I	Change	Addition	١
	MS, ANNA B L				IAME						
	WESTSHORE BLVD					ADDRESS	.*				
THE S	, FL 00000		DELETE	2. 4 t		ST-ZIP		——	Change	Addition	-
, , –	R, IRENE V		Land Oxcert		IAME		1	L	THE PARTY I	Lad Addition	
	WESTSHORE BLVD					ADDRESS					1
	, FL 00000					ST-ZIP					
Title	<u> </u>		DELETE	4.1 T			· 1		Change	Addition	1

6.4 CITY-ST-ZIP CITY-ST-70 14. I do hereby certify that the information supplied with this filing does not quality 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

NAME: STREET ADDRESS

TITLE

HAME

TITLE

NAME

CITY-ST ZIP

STREET ADDRESS

STREET ADDRESS

City - S1 - 7iP

FILED

May 07 1997 8:00am

Change

Change

Addition

___ Addition