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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 19 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # 635327 (0)PETER BRADLEY, INC., DESIGNER JEWELRY Principal Place of Business Mailing Address 1861 WHITEÇAP CIR 1861 WHITECAP CIR NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1979 2. Principal Place of Business 2a. Mailing Address Applied For 59-1940379 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Ζip Country This corporation owes or has paid the current year Intangible ☐ No Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADLEY, PETER **1861 WHITECAP CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH FORT MYERS FL 33903** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 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, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change Addition NAME BRADLEY, PETER 1.2 NAME **1861 WHITECAP CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS N. FT. MYERS FL 1.4 CITY-ST-ZIP CITY-S7-21P DELETE Change Addition 2.1 TITLE TITLE **BRADLEY, JOANN** NAME 2.2 NAME 1861 WHITECAP CIR. STREET ADDRESS 2.3 STREET ADDRESS N FT MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 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 or an attachment with an address.

SIGNATURE: