Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90100 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F58165** 1. Corporation Name

AFFORD	ABLE JEWELRY AND LOAM	I, INC.				
Principal Place of Business Mailing Address						II BIBIt SIGN Start Start start sesti 1951
2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD FL 33020 2500 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					DO NOT WRITE IN TH	IIS SPACE .
					3. Date Incorporated or Qualifed 12/09/1981	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2196519	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
City & Stat	de	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 30	Country		This corporation owes the current year Personal Property Tax.	intengiole Myes □No
24	9. Name and Address of Currer		<u>'</u>		10. Name and Address of New Register	
JOSEPH P KLAPHOLZ ESQ			81 82	Name Street A	Address (P.O. Box Number is Not Acceptable)	
2500 HOLLYWOOD BLVD.]**	500007		
STE 212 HOLLYWOOD FL 33020			83			
			84	City	•	85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was auth	norized by	the como	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	t signature re	equired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TITLE		•	Change Additio
NAME	NEADEL, ROBERT M.		1.2 NAME			•
STREET ADDRESS	TREET ADDRESS 1925 PEMBROKE RD. 1.33		1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Additio
NAME			2.2 NAME			•

6.4 CITY-ST-ZIP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address with all other like empowered. 14. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if ch

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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SIGNATURE

STREET ADDRESS CITY-ST-ZIP

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