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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F64694

(5)

CHARLES VIJEWELERS, INC.

UNANLE	S V SEVVELENS, INC.								
Principal Place	of Business	Mailing Address				- I 1905140E 1146 DIALI 9151E BILLIO 1911 SIDI	OLOKO BIBIL OLUM	H MAN	
780 DELTONA PICKFORD SO. DELTONA FL 3		PICKFORD SQ.	780 DELTONA BLVD. #103 PICKFORD 80. DELTONA FL 32725-7128						
011.0/4.10						3. Date Incorporated or Qualified	3a. Date of L		port
2 Principal P	ace of Business	2a. Mailing Address				01/26/1982 4. FEI Number	05/01/1		plied For
21	are or kidomobb	26				59-2158046	<u> </u>		t Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	□ \$8		dditional
2	- INIE - 184 411 been 1	27	<u> </u>			b. Cerificate of Status Desired	U F	ee Re	quired
— City & Stat∈ T1)	City & State			•	6. Election Campaign Financing			May Be
3] - Z ₀ ;	Country	28	Co	untry	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution 8. This corporation has liability for in			o Fees
4	25	29	30				Yes No	ider 8.	199.032,
<u> </u>	9. Name and Address of Curre			Τ		10. Name and Address of New Reg			
HAN	IUS, CHARLES M. V			81	Name				
780	DELTONA BLVD. #103			82	Street Add	ress (P.O. Box Number is Not Acceptable	ө)		
DEL	TONA FL 32725								
		,		83					
				84	City		FL 85	Zip C	ode
SIGNATURE .	n familiar with, and accept the oblig					ired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TIDLE	P CHANGE OF THE P	☐ DELETE	1.17		-		L.) Cr	nange	Addition
NAMÉ STORE LA AGORGOS	HANUS, CHARLES M. V 780 DELTONA BLVD., #103			NAME STOCET	ADDRESS				
STREET ADDRESS	DELTONA FL			OTY-S					
HILF	V	DELETE	211		·		☐ Cf	ange	Addition
NAME	HANUS, HILARY S.		221	IAME	İ				
STREET AUDRESS	780 DELTON BLVD., #103		235	STREET	ADDRESS				
CITY-ST-7#P	DELTONA FL	Politic			ST - ZiP				A destrict
TITLE		DELETE	317				. Li Ci	ange	∐ Addition
NAME STREET ADORESS			3.21		ADDRESS				
OITY-ST ZIP					ST-ZIP				
TITLE		DELETE		TILE		**************************************	□ Cr	nange	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS		•		
Olfr-ST-ZIP		T brieve		ITY-S	T-ZIP				. Addition
TITLE .		DELETE	5.1 7		-		LJ CH	म्बापुर	Addition
NAME STREET ADDRESS				NAME STAFFT	ADDRESS				
CGY - SI - ZIP				SINCEI SITY-S	1				
lillé		☐ DELETE	6.1 3		· · · · · · · · · · · · · · · · · · ·		□ CI	nange	Addition
NAME			6.21	NAME					
STREET ADDRESS			6.3 \$	STREET	ADDRESS				
CITY - ST - ZIF	ph (7 M (7 T M (7 T M (7 T M (7 T M (7 T M (7 M (7 T M (7 T M (7 M (7 T M (7 M (7 T M (7 T M (7 M (7 T M (7 T M (7 M (7 T M (7 M (7 T M (7 M (7 T M (7 M (7 T M (7 M (7 T M (7 T M (7 M (7 T M (7 T M (7 M (7 T M (7			HTY-S					-
information Lam an of	by certify that the information supplied in indicated on this annual report or fficer or director of the corporation or Block 12 or Block 13 if changled.	supplemental annual report is to the receiver or trustee empty	true and wered to	exe accu	mption state trate and that the this repo	d in Section 119.07(3)(i), Florida Statutes It my signature shall have the same legal ort as required by Chapter 607, Florida Si	 I further certifief effect as if material that that the effect as if material that the effect and that the effect are effect as in the effect as in the effect as in the effect are effect as effect are effect are effect are effect as effect are effect as effect are effect are effect as effect are effect are effect are effect as effect are effect are effect are effect are effect as effect are effect are effect are effect as effect are effect	y that t de unc it my n	ne ler oath; that ame

FILED

Apr 30 1997 8:00am

Secretary of State