05-04-1999 90111 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F64694**

1. Corporation Name

CHARLES V JEWELERS, INC.

							_	- 1						, 1 585 6		. Bil in di bik id	
Principal Place					•												
780 DELTONA BLVD. #103 780 DELTONA BLVD. #103																	
PICKFORD SO.	2705	PICKFORD SO. DELTONA FL 32725					DO NOT WRITE IN THIS SPACE										
DELTONA FL 32725 DELTONA FL 32725							3. Date Incorporated or Qualifed										
									6/198								
2. Principal Pl	ace of Business	2a. Mailing Address											pplied For	П			
21		26						59-2	15804	16					N	ot Applicat)le
Suite, Apt. 3	#. etc.		Suite, Apt. #, etc.								Danier			\$		Additional	
22		27					3.	Certifo	ate of a	Siaius	Desire	,u 	<u> </u>		Fee P	lequired -	
City & State	9	City & S	State				6.	Election	n Cam	paign	Financ	cing		;	\$5.00	May Be	l
23		28							Fund C							to Fees	
Zip	Country	Zip		Coun	itry		8.	This c	orporati	ion ov	ves the	currer	nt year l				
24		29		30					nal Pro	<u> </u>					Yes	□No	
	9. Name and Address of Curren	t Registered A	<u>jent</u>		<u></u>		10.	Name	and A	ddres	s of N	ew Re	egistere	1 Age	nt	:	\dashv
				l'	81	Name											
	US, CHARLES M. V		82 Str				et Address (P.O. Box Number is Not Acceptable)										
	DELTONA BLVD. #103																
DELI	TONA FL 32725			ľ	83												
				-	84	City		 -						8	5 Zip	Code	
	to the provisions of Sections 607.050				\perp	-							F		ــــــــــــــــــــــــــــــــــــــ		<u>-</u>
office or re agent. I ar	to the provisions of Sections 60 Just egistered agent, or both, in the State m familiar with, and accept the obliga Sphature, typed or printed name of registered age	of Florida, Such	change was at 607.0505, Flo	rida Statu	tes.	re corporatio	d when i	reinstating	مرابع مرابع المرابع		i ju	accept	DATE		e e e e e e e e e		
12.00-4 - 4-1	OFFICERS AN	ID DIRECTORS	rumaid o tamino.	-13.	7447	and the second s		ADDIT	ONS/C	HANC	SES TO),OFF	ICERS /	AND D	DIRECT		
TITLE	Р		☐ DELETE	1.1 TML	Æ										Change	Addi	ition
NAME	HANUS, CHARLES M. V			1.2 NA	νE												ĺ
STREET ADDRESS	780 DELTONA BLVD., #103			1.3 STF	REET/	ADDRESS											
CITY-ST-ZIP	DELTONA FL			1.4 CIT	Y-ST	-ZIP											
TITLE	٧		DELETE	2.1 TITU	Æ										Change	Addi 🗀 Addi	tion
NAME	HANUS, HILARY S.			2.2 NA	ME												
STREET ADDRESS	OFI TON OLVE #400			2.3 STF	REET /	ADDRESS											•
- CITY-ST-ZIP	DELTONA FL	_		2, 4 CF	ry-st	r-zip											
TITLE			☐ DELETE	3.1 TITI	LE] Change	Addi 🗌 Addi	ition
NAME				3.2 NA	ME												
STREET ADDRESS				3.3 STF	REET /	ADDRESS											
CITY-ST-ZIP				3.4. CIT	IY-ST	r-zip											
TITLE			□ DELETE	4.1 TM	LΕ	ł								Ш] Change	e ☐ Add	Ition
NAME				4. 2 NA	ME												
STREET ADDRESS				4.3 STF	REET	ADDRESS		٠.,	٠	L	· % .	,					
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP											
TITLE			☐ DELETE	5.1 TITI			~							ــا] Change	e ∐ Add	mon
NAME '		,		5.2 NA											•		
STREET ADDRESS				1		ADDRESS		٠,٠				•					
,CITY-ST-ZJP				5.4 CIT		-ZIP									1.05		(a)
TITLE "			☐ DELETE	6.1 TIT							* ·		,	L] Change	e	IOON
NAME				6.2 NA													
STREET ADDRESS				6.3 STI	REET	ADDRESS											

14. 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 an affattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: