

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94936** (4)

1. Corporation Name

GINA LEIGH JEWELERS, INC.



Principal Place of Business

**8307 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address

**8307 BEACH BLVD
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/17/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2207741

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MYERS, BILL
2260 CASSAT AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0512 and 607.1506, 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 of person making this statement (if not applicable)

Signature of Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D BEHNAM, AKRAM J	1.1 TITLE ☐ Change ☐ Addition
2. STREET ADDRESS 8307 BEACH BLVD	1.2 NAME
3. CITY, ST, ZIP JACKSONVILLE FL	1.3 STREET ADDRESS
4. TITLE DST	1.4 CITY, ST, ZIP
5. NAME BEHNAM, IDA M	2.1 TITLE ☐ Change ☐ Addition
6. STREET ADDRESS 8307 BEACH BLVD	2.2 NAME
7. CITY, ST, ZIP JACKSONVILLE FL	2.3 STREET ADDRESS
8. TITLE	2.4 CITY, ST, ZIP
9. NAME	3.1 TITLE ☐ Change ☐ Addition
10. STREET ADDRESS	3.2 NAME
11. CITY, ST, ZIP	3.3 STREET ADDRESS
12. TITLE	3.4 CITY, ST, ZIP
13. NAME	4.1 TITLE ☐ Change ☐ Addition
14. STREET ADDRESS	4.2 NAME
15. CITY, ST, ZIP	4.3 STREET ADDRESS
16. TITLE	4.4 CITY, ST, ZIP
17. NAME	5.1 TITLE ☐ Change ☐ Addition
18. STREET ADDRESS	5.2 NAME
19. CITY, ST, ZIP	5.3 STREET ADDRESS
20. TITLE	5.4 CITY, ST, ZIP
21. NAME	6.1 TITLE ☐ Change ☐ Addition
22. STREET ADDRESS	6.2 NAME
23. CITY, ST, ZIP	6.3 STREET ADDRESS
24. TITLE	6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 (if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (964) 725-5138

CR2E034 (12/95)