

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 AM 10:15

DOCUMENT # **G31271**

(1)

SECRETARY OF  
TALLAHASSEE, FL

1. Corporation Name

**JUST JEWELS, INC.**

Principal Place of Business

2170 SR 434 W #312  
SUITE 200  
LONGWOOD FL 32779

Mailing Address

2170 SR 434 W  
SUITE 200  
LONGWOOD FL 32779  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2390562

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

2. Principal Place of Business

21 931 SR 434 N. #1225

2a. Mailing Address

26 931 SR 434 N. #1225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Altamonte Springs, FL

City & State

27 Alt. Springs, FL

Zip

32714

Country

25 USA

Zip

32714

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLUGER, JACK R.

~~530 G LONGVIEW PLACE~~  
~~LONGWOOD FL 32779~~

593 SABAL LAKE DR.  
Longwood, FL 32779

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 607.0502 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) (Print or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME KLUGER, JACK R.  
STREET ADDRESS 340 HUNTER POINT CRT  
CITY, ST, ZIP LONGWOOD FL 32779

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

REMITTED BY MAY 1

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)(b), 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 on an attachment with an address.

SIGNATURE:

JACK Kluger

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

407-774-1818