FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G96339**

(8) (Name change already filed)

1. Corporation Name

~~MICKLER'S LANDING, INC.~~ N/C 1.4.96

North East Florida Wholesale Jewelry, Inc.

Principal Place of Business	Mailing Address
1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US	1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 04/16/1984

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1958 SAN MARCO BLVD
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE, FL
24: Zip: 32207 25: Country: USA

2a. Mailing Address
26: 1958 SAN MARCO BLVD.
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE, FL
29: Zip: 32207 30: Country: USA

4. FEI Number: 59-2395893 ☐ 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

BURPEE, A. L., JR.
1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: RAYMOND L. HUTCHINS
82 Street Address (P.O. Box Number is Not Acceptable): 1958 SAN MARCO BOULEVARD
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32207

11. Pursuant to the provisions of Section 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] RAYMOND HUTCHINS PRESIDENT 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEMAUREX, MICHEL		1.2 NAME		
STREET ADDRESS	1300 GULF LIFE DR., #600		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMAUREX, CELIA A.		2.2 NAME		
STREET ADDRESS	1300 GULF LIFE DR., #600		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TSD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURPEE, JR., A. L.		3.2 NAME		
STREET ADDRESS	1300 GULF LIFE DR., #600		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	PSCD	☐ Change ☒ Addition
NAME			4.2 NAME	RAYMOND L. HUTCHINS	
STREET ADDRESS			4.3 STREET ADDRESS	1958 SAN MARCO BOULEVARD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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 on an attachment with an address.

SIGNATURE: [signature] 4/30/96 904-398-7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAYMOND L. HUTCHINS PRESIDENT