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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

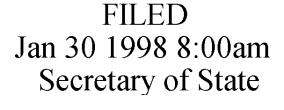
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H10740

(9)

JEWEL ENTERPRISES, INC.





| | | | | <u> </u> | * | |
|---|--|---|---|---|--|--|
| Principal Place | of Business | Mailing Address | | | | |
| 541 S SR 7 541 SO STATE ROAD 7 | | | | | | |
| STE 1 Margate Fl 33068 US | | STE 1 Margate Fl 3308 | • | DO NOT WRITE IN TH | DO AIOT INDITE IN THIS SPACE | |
| | | MANGATE EL 33080 US | • | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | ••• | | 07/03/1984 | | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. | | 26 3400 BU | E LAKE JOGOF | 59-2496211 | Not Applicable | |
| | | Suite, Apt. #, etc. | · | prog | \$8.75 Additional | |
| | | 27 | -103 | 5. Certificate of Status Desired Fee Required | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | · | 28 TOM YAND | BEACH, FLA- | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zig 201 11 | Country | 8. This corporation owes or has paid the | current year Intangible | |
| 24 | 25 | 29 33064 | 30 BROW ARD. | Personal Property Tax due June 30. | Yes 🔲 No | |
| | g, Name and Address of C | urrent Registered Agent | | 10, Name and Address of New Register | ed Agent | |
| | DELE, CARL | | 81 Name | | | |
| 45 | 20 NW 41ST ST | | 82 Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| FO |)RT LAUDERDALE FL 3331 | 9 | | | | |
| | | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | | | | F | <u>- L </u> | |
| 11. Pursuant to | the provisions of Sections 60: | 7.0502 and 607.1508, Florida Sta | tutes, the above named corp | poration submits this statement for the purpose | e of changing its registered | |
| agent. I am | familiar with, and accept the | obligations of, Section 607.0505, | Florida Statutes. | tion's board of directors. I hereby accept the a | appointment as registered | |
| | | | | | | |
| SIGNATURE | | | | | | |
| Sh | gnature, typod or printed name of register | | IOTE: Registered Agent signature requi | ired when reinstating) DAT(| E | |
| 12. | OFFICERS | S AND DIRECTORS | 13. | | EAND DIRECTORS IN 12 | |
| 12. | OFFICERS PD | | | | | |
| 12. TITLE NAME | OFFICERS PD FEDELE, CARL | S AND DIRECTORS | 13. | | AND DIRECTORS IN 12 | |
| 12. TITLE NAME STREET ADDRESS | PD FEDELE, CARL 541 S ST 7 STE 1 | S AND DIRECTORS | 13. 1.1 TITLE | | AND DIRECTORS IN 12 | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS PD FEDELE, CARL | S AND DIRECTORS DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | AND DIRECTORS IN 12 | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD FEDELE, CARL 541 S ST 7 STE 1 | S AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | AND DIRECTORS IN 12 | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD FEDELE, CARL 541 S ST 7 STE 1 | S AND DIRECTORS DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | AND DIRECTORS IN 12 nage Addition | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD FEDELE, CARL 541 S ST 7 STE 1 | S AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | AND DIRECTORS IN 12 nage Addition | |
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