

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 # **H11598** (0)

1. Corporation Name

WORLD IMPORTS JEWELRY & NOVELTIES INC.

Principal Place of Business

**2360 FORSYTH ROAD
ORLANDO FL 32807**

Mailing Address

**2360 FORSYTH ROAD
ORLANDO FL 32807**



3. Date Incorporated or Qualified

05/01/1984

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2427603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**WAGNER, BEA A.
2721 LITTLE JOHN ROAD
WINTER PARK FL 32792**

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 607.0502 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

Print Name, Title, and Address of Agent (if changed, or if new agent, print name, title, and address of new agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **PT
WAGNER, BEA A.**
STREET ADDRESS **2721 LITTLE JOHN ROAD**
CITY, ST, ZIP **WINTER PARK FL 32792**

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME **VPS
SHAFFER, DINA**
STREET ADDRESS **2505 COUNTRY CLUB BLVD. 2505 Center**
CITY, ST, ZIP **APOPKA FL 32712 Club Blvd**

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

7.1 TITLE ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bea A. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEA A. WAGNER

1/22/96 **407-671-5220**
DATE DAYTIME PHONE #

CR2E034 (12/95)