

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # H36876

(1)

1. Corporation Name:

JEWELRY DESIGN WORKSHOP, INC.

5/1/95 - 1 AM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
211 FOURTH AVENUE P. O. BOX 3774 INDIALANTIC FL 32903		211 FOURTH AVENUE P. O. BOX 3774 INDIALANTIC FL 32903	
2. Primary Place of Business		2a. Mailing Address	
21	26	Suite Apt. # 306	
Code: Apt. # 306		27	
City & State		City & State	
23	28		
24	25	29	30
9. Name and Address of Current Registered Agent			
GRAY, DAVID E. 211 4TH AVE INDIALANTIC FL 32903			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number Is Not Acceptable)			
83			
84 City FL Zip Code 32903			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 3b. Date of Last Report
01/07/1985 **05/01/1994**

4. EIN Number Applied For
59-2547946 Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for unfranchised tax under Section 227 of the Florida Statutes Yes No

11. Pursuant to the provisions of Sections 807.002 and 807.1508, 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 all the obligations of the registration laws of the State of Florida Statutes.

SIGNATURE:

12. OFFICES AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORS P. O. T.	
DIR	D GRAY, DAVID E. 211 FOUTH AVE INDIALANTIC FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
DIR		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY ST ZIP		8. CITY ST ZIP	
DIR		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY ST ZIP		12. CITY ST ZIP	
DIR		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY ST ZIP		16. CITY ST ZIP	
DIR		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY ST ZIP		20. CITY ST ZIP	
DIR		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY ST ZIP		24. CITY ST ZIP	
DIR		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY ST ZIP		28. 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(6)(g), Florida Statutes. I further certify that the information indicated in 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 compensated to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID E. GRAY

5/1/95 407-724-9788

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON LINE 10