


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

1999 JUL 16 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0016402

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>      |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # H68521</b>  |  |   |  |  |  |
| 1. Corporation Name <b>FIORINO &amp; SANTONA JEWELRY INCORPORATED</b> |  |   |  |  |  |

|  |  |
|--|--|
| Principal Place of Business<br><b>5331 W COLONIAL DRIVE<br/>ORLANDO FL 32808</b> | Mailing Address<br><b>5331 W COLONIAL DRIVE<br/>ORLANDO FL 32808</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |  | 3. Date Incorporated or Qualified<br><b>07/29/1985</b> |  |
|   |  | 4. FEI Number<br><b>59-2599840</b>  |  | Applied For<br>Not Applicable                          |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required                         |  |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees                            |  |
|   |  | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>SANTONA, ALDO<br/>5331 W COLONIAL DRIVE<br/>ORLANDO FL 32808</b> |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2003 Japonica Dr</b><br>83<br>84 City <b>Winter Park</b> FL 85 Zip Code <b>32792</b> |  |  |  |
|--|--|--|--|---|--|--|--|

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, on 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]* DATE **7/1/99**

|                            |                           |                                 |  |   |   |  |  |
|----------------------------|---------------------------|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS |                           |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |  |
| TITLE                      | DP                        | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>SANTONA, ALDO</b>      |                                 |  | 1.2 NAME  |   |  |  |
| STREET ADDRESS             | <b>2033 JAPONICA ROAD</b> |                                 |  | 1.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>     |                                 |  | 1.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | ST                        | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>SANTONA, MARIA</b>     |                                 |  | 2.2 NAME  |   |  |  |
| STREET ADDRESS             | <b>2033 JAPONICA ROAD</b> |                                 |  | 2.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>     |                                 |  | 2.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                           |                                 |  | 3.2 NAME  |   |  |  |
| STREET ADDRESS             |                           |                                 |  | 3.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                           |                                 |  | 3.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                           |                                 |  | 4.2 NAME  |   |  |  |
| STREET ADDRESS             |                           |                                 |  | 4.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                           |                                 |  | 4.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                           |                                 |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS             |                           |                                 |  | 5.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                           |                                 |  | 5.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                           | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                           |                                 |  | 6.2 NAME  |   |  |  |
| STREET ADDRESS             |                           |                                 |  | 6.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                           |                                 |  | 6.4 CITY-ST-ZIP                                       |   |  |  |

14. I hereby certify that the information supplied with this filing 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]* DATE **7/1/99** (407) 298-0290

CR2E034 (5/99)