## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name H83822

(7)

VAN DELL JEWELERS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

13873 WELLINGTON TRACE. SUITE 8-1 WEST PALM BEACH FL 33414

officer or director of the corporal Block 12 or Block 13 if change

SIGNATURE:

13873 WELLINGTON TRACE. SUITE B-1 WEST PALM BEACH FL 33414

**FILED** Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 $\Box$ 

4-17-98 561-793-2661

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 11/05/1985

59-2583891

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

| 23   | 28  |  |  |                         |  | Trust Fund Contribution   |                                       | Added                                       | to Fees                                   |  |
|--|---|--|--|-------------------------|--|---|---------------------------------------|---|---|--|
| Zip  | Country   | Zıp  | Cou  | ıntry                   |  | 8. This corporation owes or has pa  | id the curr                           | ent year Ir                                 | ntangible                                 |  |
| 24   | 25  | 29   | 30   |                         |  | Personal Property Tax due June  |                                       | =   | □ No                                      |  |
|  | g, Name and Address of Curre  | nt Registered Agent  |  |                         | r  | 10. Name and Address of New Re  | gistered A                            | lgent .                                     |   |  |
|  | N DELL, JACK  |  |  | 61                      | Name   |   |                                       |   |   |  |
| 13290 BEDFORD MEWS CT.<br>WEST PALM BEACH FL 33414 |   |  |  | 82                      | 2 Street Address (P.O. Box Number is Not Acceptable) |   |                                       |   |   |  |
|  |   |  |  | 63                      |  |   | <del></del>                           |   |   |  |
|  |   |  |  | 53                      |  |   |                                       |   |   |  |
|  |   |  |  | 84                      | City   |   |                                       | 85 Zip                                      | Code                                      |  |
| dd Chronast  | to the provisions of Postions CO7.056   | 2 and 607 1609 Florida 5   | Statuten the o                                     |                         | named oor  | poration submits this statement for the p   | FL                                    | changing                                    | ite registered                            |  |
| office or r  | edistated edent, or both, in the State  | of Florida, Such change t  | was authorize                                      | d by                    | the corporat   | ion's board of directors. I hereby accept   | of the appo                           | ointment a                                  | s registered                              |  |
|  | m familiar with, and accept the oblig   | ations of, Section 607.050   | 5, Florida Sta                                     | lutes                   | <b>S</b> .   |   |                                       |   |   |  |
| SIGNATURE  | Signature, typed or printed name of registered ag-  | ent and title if applicable  | (NOTE Registers                                    | d Age                   | oni signature requir                                 | red when reinstating)   | DATE                                  |   |   |  |
| 12.  |   | D DIBECTORS  | 13.  | -                       |  | ADDITIONS/CHANGES TO OFFIC  | ERS AND                               | DIRECTO                                     | RS IN 12                                  |  |
| TITLE  |   | DELETE   | E 1.1 TI   | TLE                     |  |   |                                       | Change                                      | ☐ Addition                                |  |
| NAME   | Newman, Keith   |  | 1.2 N  | AME                     | i  |   |                                       |   |   |  |
| STREET ADDRESS                                     | 13940 FOLKSTONE CIRCLE  | <b>#</b> A   | 1.3 S  | TREET                   | ADDRESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  | W. PALM BEACH FL 33414  |  |  | ITY - S                 | T-21P  |   |                                       |   |   |  |
| TITLE  | Р   | ☐ DELETE   | E 2.1 To   | TLE                     |  |   | _                                     | Change                                      | Addition                                  |  |
| NAME   | VANDELL, JOHN A.  |  | 2.2 N  | AME                     |  |   |                                       |   |   |  |
| STREET ADDRESS                                     | 13290 BEDFORD MEWS COL  | JRT  | 2.3 S  | TREET                   | ADDRESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  | WELLINGTON FL   |  |  | HY-S                    | ST-ZIP   |   |                                       |   |   |  |
| TITLE  |   | ☐ DELETE   | E 3.1 To   | TLE                     |  |   |                                       | L Change                                    | Addition                                  |  |
| NAME   |   |  | 3.2 N  | AME                     |  |   |                                       |   |   |  |
| STREET ADDRESS                                     |   |  | 3.3 S  | TREET                   | ADDRESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  |   |  |  |                         | ST-ZIP   |   |                                       |   |   |  |
| TITLE  |   | ☐ DELETE   |  |                         | İ  |   |                                       | ☐ Change                                    | Addition                                  |  |
| NAME   |   |  | 4 2 N  | IAME                    | ļ  |   |                                       |   |   |  |
| STREET ADDRESS                                     |   |  | 1  |                         | ADDRESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  |   | T AFIETI   |  | ITY-S                   | T-ZIP  |   |                                       | 05  | A debice                                  |  |
| TITLE  |   | ☐ DELETE   | I *  |                         |  |   |                                       | Change                                      | ■ Addition                                |  |
| NAME   |   |  | 5.2 N  | -                       | }  |   |                                       |   |   |  |
| STREET ADDRESS                                     |   |  |  |                         | ADORESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  |   |  |  | TY-S                    | T-ZIP  |   |                                       |   | 1.449                                     |  |
| TITLE  |   | DELETE   |  |                         | - 1  |   |                                       | L Change                                    | Addition                                  |  |
| NAME   |   |  | 6.2 N  |                         |  |   |                                       |   |   |  |
| STREET ADDRESS                                     |   |  | ■ <sup></sup>                                      | -                       | ADDRESS  |   |                                       |   |   |  |
| CITY-ST-ZIP  | and at a state of the state of | A). 40. 2 4002 2 422 2 2 2   |  | TY-S                    |  | 0.050- 440.07/0//5 51-3/4-60  | Coath a                               | 416 . 4b = 1 44                             | a information                             |  |
| 14. I hereby of indicated officer or a             | pertify that the information supplied w<br>on this annual report or supplement<br>director of the corporation of the rea  | ith this filing does not qua<br>al annual report is true and<br>piver antics ee empowere | ainy for the exi<br>d accurate an<br>ad to execute | empl<br>d tha<br>this r | tion stated in<br>at my signatu<br>report as regi    | Section 119.07(3)(i), Florida Statutes. I<br>re shall have the same legal effect as if<br>uired by Chapter 607, Florida Statutes; | rurther cer<br>made und<br>and that m | riiry that th<br>der oath; th<br>ny name aj | e information<br>hat I am an<br>opears in |  |