2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 09, 2004 8:00 am Secretary of State DOCUMENT # H86954 08-09-2004 90008 044 ***150.00 WILNER'S FINE JEWELRY, INC. Principal Place of Business Mailing Address 258 SOUTH UNIVERSITY DR PLANTATION FL 33324 258 SOUTH UNIVERSITY DR PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 59-2622383 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILNER, MARK M. Street Address (P.O. Box Number is Not Acceptable) 1225 S.W. 20TH STREET **BOCA RATON FL 33432** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE WILNER, MARK M. NAME NAME 1225 S.W. 20TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-7IP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

MARKM WILWER

FILED

attacknets # 486954 24019109



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E: Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail U.S: Postage? F PAID State of Florida 84321

NOTICE OF INTENT TO DISSOLVE

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We never got any notice. Please find enclosed Check for \$ 150.00.

Thank you in advance

Mart M. Wilnes President