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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Sandra B. Mortham

	Secretary of State  1997  DIVISION OF CORPORATION				TIONS	Secretary of State				
<ol> <li>Corporation</li> </ol>	MENT # <b>H</b> S Name JEWELERS EXCH	90859 ANGE, INC.	(0)				E (MASSA))   10/18   18/10   18/10   18/18   18/1	(B :411 B1831 S1B11	*:011 F(011 4(01)	<b>                                    </b>
Principal Place	e of Business	Ma	ailing Address	<del></del>		<del></del>	T (BBIBI) BIIB IBIII BBIBI IBIBI BII	IB IBII BIBII BIBII	BIBIT BIBIT BIBIT	1 81811 1861
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<u></u>				<u> </u>	The .		Date Incorporated or Qualifi 12/19/1985		ate of Last R /20/1996	·
· ·	lace of Business	<del></del> -	Mailing Address			4.	FEI Number 59-2630691		<del></del>	plied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.	<del></del>	<del></del>		39-2030091		\$8.75	ot Applicable
22	#, O.O.	27	οσιτο, πρι. π, σιο.			5.	Certificate of Status Desired		Fee Re	
City & State	e		City & State			6.	Election Campaign Financin	<u> </u>	\$5.00	
23		28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	<u> </u>	Added t	
Zip 24	Country	29	Zip	Coun 30	try		This corporation has liability Florida Statutes	Yes [	No	. 199.032,
	9. Name and Addre	ss of Current Regist	tered Agent			10.	Name and Address of Nev	/ Registered	Agent	
	ine, steven G.	_ <u>-</u>		.  8	31 Name					j
	0 S.W. 112TH STREE	1		[8	32 Street	Address (P.	O. Box Number is Not Acce	ptable)		
MIA	MI FL 33176			<u> </u>	33					
				,						
				8	34 City		· <del></del>	FL	85 Zip (	Code
11 Pursuant I	to the provisions of Sect	ions 607.0502 and 60	07.1508. Florida State	rtes the ahr	We-named	comoration	- I banita this statement for t		f changing it	e renistered
							i suomiks inis statement ior t	1 - 77, 7730 0		
office or r	egistered agent, or both m familiar with, and acc	i, in the State of Floric	ia, Such change was . Section 607,0505, F	authorized Florida Statu	by the corp	poration's b	oard of directors. I hereby a	ocept the app	pointment as	registered
	egistered agent, or both m familiar with, and acc	i, in the State of Floric ept the obligations of	ia. Such change was , Section 607,0505, F	s authorized Florida Statu	by the corp tes.	poration's b	n submits this statement for to oard of directors. I hereby a	ocept the app	pointment as	registered
SIGNATURE	Signature, typed or printed hame	e of registered agent and title	if applicable, (NC	DTE: Hegistered A		e required when	reinstating)	DATE		
SIGNATURE	Signature, typed or printed hame		if applicable. (NC	DTE: Registered a	Agent signature	e required when		DATE	D DIRECTOR	RS IN 12
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statures, 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.