


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90033 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H98318 ✓ 1. Corporation Name ELEGANT JEWELS OF PARIS, INC.			
Principal Place of Business 345 WORTH AVE BOYNTON BEACH FL 33480		Mailing Address 345 WORTH AVE BOYNTON BEACH FL 33480	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 345 WORTH AVE Suite, Apt. #, etc.		2a. Mailing Address 26 345 WORTH AVE Suite, Apt. #, etc.	
23 City & State PALM BEACH, FL Zip 33480 Country USA		27 City & State PALM BEACH, FL Zip 33480 Country USA	
24 Zip 33480		25 Country USA	
9. Name and Address of Current Registered Agent POLACK JEAN 345 WORTH AVENUE PALM BCH. FL 33480 8/6/99		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
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, 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 the obligations of, section 607.0505, Florida Statutes. SIGNATURE Jean Polack (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME POLACK, JEAN STREET ADDRESS 3241 WESTMINISTER DR CITY-ST-ZIP BOCA RATON FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V NAME POLACK, ELLEN STREET ADDRESS 3241 WESTMINISTER DR CITY-ST-ZIP BOCA RATON FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Jean Polack TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date 7-20-99 Daytime Phone #	

CR2E034 (5/99)