

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J08288** (9)

1. Corporation Name:

**JEWELRY FOR YOU, INC.**

Principal Place of Business:

**569 EAST SAMPLE RD.  
POMPANO BCH. FL 33064**

Mailing Address:

**569 EAST SAMPLE RD.  
POMPANO BCH. FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Qualification):

**04/09/1986**

3a. Date of Last Report:

**05/01/1994**

4. FCI Number:

**59-2683475**

Applied For:

Not Applicable

5. Certificate of Status Desired:

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution:

☐

**\$5.00 May Be  
Added to Fees**

6. This Corporation has liability for enterprise tax under S. 1109.03,  
Florida Statutes:

☒ Yes

☐ No

2. Principal Place of Business:

21

State, Apt. # etc.

22

City & State

23

24

2a. Mailing Address:

26

State, Apt. # etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**BRUMER, HILTON  
569 E. SAMPLE ROAD  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS

|                  |                        |
|------------------|------------------------|
| FILE             | <b>P</b>               |
| NAME             | <b>BRUMER, FRANCIS</b> |
| STREET ADDRESS   | <b>569 E SAMPLE RD</b> |
| CITY, STATE, ZIP | <b>POMPANO BCH FL</b>  |
| FILE             | <b>ST</b>              |
| NAME             | <b>BRUMER, HILTON</b>  |
| STREET ADDRESS   | <b>569 E SAMPLE RD</b> |
| CITY, STATE, ZIP | <b>POMPANO BCH FL</b>  |
| FILE             |                        |
| NAME             |                        |
| STREET ADDRESS   |                        |
| CITY, STATE, ZIP |                        |
| FILE             |                        |
| NAME             |                        |
| STREET ADDRESS   |                        |
| CITY, STATE, ZIP |                        |
| FILE             |                        |
| NAME             |                        |
| STREET ADDRESS   |                        |
| CITY, STATE, ZIP |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                  |                                                                   |
|------------------|-------------------------------------------------------------------|
| FILE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME             |                                                                   |
| STREET ADDRESS   |                                                                   |
| CITY, STATE, ZIP |                                                                   |
| FILE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME             |                                                                   |
| STREET ADDRESS   |                                                                   |
| CITY, STATE, ZIP |                                                                   |
| FILE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY, STATE, ZIP |                                                                   |
| FILE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS   |                                                                   |
| CITY, STATE, ZIP |                                                                   |
| FILE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME             |                                                                   |
| STREET ADDRESS   |                                                                   |
| CITY, STATE, ZIP |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 1109.03, Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept on file and made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 120, Florida Statutes, and that my name appears on the report. I do not intend to resign or withdraw from office with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HILTON BRUMER**  
**PRESIDENT**

**305-762-7070**