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

PROFIT CORPORATION ANNUAL REPORT



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

1996		
DOCUMENT	#	J379

(0)

1. Corporation Name

FASHION GOLDSMITH, INC.

District District (District District Di						<u> </u>	F 18818 18HA FIRIF		ur un					
Principal Place of Business Mailing Address														
411 19TH ST S. ST PETERSBURG FL 33712 411 19TH ST S. ST PETERSBURG FL 33712														
								3. Date Incorporated 10/10/1986	for Qualified	3a. Date 03	of Last R /01/199			
2. Principal Pl	lace of Business		2a, Mailing A	2a. Mailing Address				4. FEI Number Applied 59-2730567 Not App						
Suite, Apt. #, etc. Suite, Apl. #, e				ol H etc				33 213030	Not Applicable					
22		27	Program				5. Certificate of Stati	us Desired			Additional Required			
City & State	e	<u>├</u>	Oity & State				6. Election Campaign	n Financing		\$5.0	0 May Be			
28								Trust Fund Contri	bution			d to Fees		
Zip		Country	Zφ		Country			8. This corporation h			k under s	199.032,		
24	25	1 4 4 4 4 4 4 4 4 4	<u>]29</u>		30			Florida Statutes 💢 Yes 🗌 No						
	g, Name an	d Address of Co	urrent Registered Age	ent		71 7.7		10. Name and Address of New Registered Agent						
DAMON	D DODEDT A				8	I Na	ame							
BAMOND, ROBERT G. 2016 FIRST AVE N: 1070 SANABEL CT.						2 St	reet Addres	et Address (P.O. Box Number is Not Acceptable)						
-ST-PETERSBURG FL 33713 ST. PETERSBURG, FLA.				8:	3			-		 				
			337	02	8-	Cri	ty			FL	85 Zu	o Code		
11. Pursuant t	to the provisions	of Sections 607	0502 and 607 1508. Ex	orida Statutes	the above	-name	ed corporat	ion submits this statem	ant factha nur		1_1_			
Controllister	CO MODIL, OF DOL	л, птого още са	FIGHUAL OUGH CHAILIGE V	7.1 HUIDONZE0	d by the cor	porati	on's board	of directors. I hereby a	ent for the purposent the appo	pose or cha pintment as i	registered	agent. Lam		
lainiiai wi	in, and accept tr	ne obligations of,	Section 607.0505, Flor	ida Statutes.							*			
SIGNATURE .	Slound as based or oc	otad same of p. 1. Sec.	agenta i litte dans a enc	A. 111	: Bigistered Age									
12.	Cognition Cypector pa		S AND DIRECTORS	(F4 /1)	13.	ant sejec	arans responsed v		IGER TO OFFI	DATE OF DC AND	DIELCTO	DO IN 10		
TITLE	DT			DELETE	1 1 TITLE		_I	ADDITIONS/CHAN	IGES TO OFFI		DIRECTO 1 Change	Addition		
NAME	PSALTIS, J	OHN	-							L] Orlange	Audition		
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CITY-ST-ZIP	ST. PETERS		G EI											
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NAME	PSALTIS, H	IELEN		DELE-L	2 1 TITUE 2 2 NAME					L] Change	☐ Addition		
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NAME		DOALTSO DILL					1			L.	Change	Addition		
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NAME			<u>ا</u> ــا '	Spet. Ft			}			L] Change	☐ Addition		
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NAME			ы	DELLIL						L) Change	Addition		
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CITY-ST-7IP TITLE				DEL ETC	5 4 CITY -	SI - ZIP				···				
NAME			L.J.	DELETE	6 1 TITLE						Change	Addition		
PAPAINTE	1				6.2 NAME		1					I		

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is vo'unitarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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:

STREET ADDRESS

CITY ST-ZIP

Porter TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR april 11,1996

(813) 823-6522