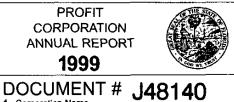
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

NICOLO JEWELERS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90085 021 \*\*\*150.00

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			ELEN ONL	K

Principal Place	e of Business	Mailing Address							
	ONGFELLOW CIR.	3717 SOUTH LONGFELLOW	/ CIR.						
-HOLLYWOOD-F						DO NOT WRITE IN THE	NOT MODITE IN THIS COACE		
	-	•				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
	• •					12/22/1986			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 26						59-2762296		Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required		
City & State	e	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23	28				Trust Fund Contribution		d to Fees		
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		,		10. Name and Address of New Registered	Agent _		
***	204 MIOLIOL 40		8-	1 1	Name				
	SCA, NICHOLAS		82	2 8	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	7 S. LONGFELLOW CIRCLE								
HUL	LYWOOD FL 33021		83	3				-	
			84	4 0	City		85 Zi	p Code	
agent. I at	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statute	S.		n's board of directors. I hereby accept the appointment of the directors of the property of the directors of			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	PD □ DELETE 1.1 TI		1.1 TITLE				Chang	e	
NAME	MOSCA, NICHOLAS S.		1.2 NAME	1.2 NAME				ł	
STREET ADDRESS	3717 S LONGFELLOW CIR		1.3 STREE	ET ADI	/DRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-	ST-ZI	iP				
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Chang	e Addition	
NAME	MOSCA, CYNTHIA L.		2.2 NAME						
STREET ADORESS	3717 S LONGFELLOW CIR		2.3 STREE	ET AD	ORESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-		JP		Chang	e Addition	
TITLE		☐ DELETE	3.1 TITLE				Chang	e LI Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP TITLE		☐ OELETE	3.4. CITY- 4.1 TITLE		.IP		☐ Chang	e [7] Addition	
NAME		_ OLLETE	4.7 (17CE						
STREET ADDRESS			4.3 STRE		IDRESS			Ĭ	
			4.4 ÇITY-						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		<del>'                                     </del>		Chang	e Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET AD	ORESS				
CITY-ST-ZIP			5.4 ÇITY-	ST-ZI	IP			Ì	
TITLE		☐ DELETE	6.1 TITLE		$\neg \vdash$		☐ Chang	e Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STRE	ETAD	DRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP