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 #
1. Corporation Name J89421 (8)

AURUM JEWELRY STUDIO, INC.								
Principal Place of Business ** RICHARD BAUER	Mailing Address * RICHARD BAUER	% RICHARD BAUER					ili pidii qidei	H
228 EGLIN PKWY NE 228 EGLIN PKWY NE FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 3254			547		3. Date Incorporated or Qualified 3a. Date of Last Report			
					08/26/1987		4/07/19	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21	26	<u> </u>			59-2843917 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired		,	Additional Required	
City & State	City & State		6. Election Campaign Financing			May Be		
28					Trust Fund Contribution			d to Fees
Zip Country	Zp	Cou	intry		8. This corporation has liability for i	ntangibie ta	ax under s	199.032,
24 25	29	30	30		Florida Statutes X Yes	_ No	. <u>.</u>	
9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
DALED DICHARD			01	Maine:				
BAUER, RICHARD 228 EGLIN PKWY NE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	(a)		
FT. WALTON BEACH FL 32547		•	83			·		
THE TOTAL DEPOTITE GEOTI								
			84	City		FL	85 Zip	o Code
 Pursuant to the provisions of Sections 607 0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections of Se	da. Such change was authori	zed by the c	ve-na corpo	amed corpor iration's boai	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of cha intment as	anging its registered	egistered office agent. I am
Signature, typeo or printed name of registered agent	NATIONAL PROPERTY OF THE PARTY	OTE Hagstean	Agen!	Signature resource	3 when representing?	EJĀTE		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI			RS IN 12
HILE D	DELETE		1 1 TITLE			[Change	Addition
BAUER, RICHARD	,	1.2 NA						
STREET ADDRESS 107 PORT DR CITY-ST-ZIP SHALIMAR FL 32579				ADDRESS				
TITLE D	☐ DELETE	1.4 C() 2 1 T(ZIP			Change	Addition
NAME CREWS, GLORIA	[] beach		2 2 NAME			L	Change	
STREET ADDRESS 107 PORT DR			2.3 STREET ADDRES					
CITY-ST-ZIP SHALIMAR FL 32579			2 4 CITY ST-ZIP					
TITLE	☐ DELETE		3 1 TITLE				Change	Addit on
NAME		3 2 N4	3 2 NAME			_	_ ,	
STREET ADDRESS		3.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP		3.4 Ci1	TY-ST	- ZIP				
TITLE	DELFTE	4 1 Tr	TLE			[Change	☐ Addition
NAME		4 2 NA	ME					1
STREET ADDRESS		4 3 5 1	REET A	ADDRESS				-
CiTY-ST-ZiP		4 4 CI		- ZIP				<u></u>
TITLE	☐ DELETE		5 'TITLE			[Change	Addition
NAME		5 2 NA	MÉ					}
STREET ADDRESS		5 3 51	REET A	ADDRESS				
CITY-ST-ZIP	ET DELETE		54 CITY-ST-7IP			·	T Observed	T Assert
TILE	DELETE		6 1 TITLE			L	Change	☐ Addition
NAME CERTEL ADDOCCO		62 NA		(Apportor				
STREET ADDRESS				NODRESS .				
14. I do hereby certify that the information supplied ventify that the information indicated on this ago.	with this filing is voluntarily fur	6.4.0·1 nished and d			or the exemption stated in Section 119	07(3)(k) Ein	rida Statut	es I further

oath, that I am an officer or director of the corporation 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, on an attachment with an address.

SIGNATURE:

Grews Gloria Crews 3/20/96