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



COR ANNU	PROFIT PORATION JAL REPORT	Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Mar 17 1997 8:00am Secretary of State		
DOCUMENT # J89421 (8)  AURUM JEWELRY STUDIO, INC.								
Principal Place % RICHARD B/ 228 EGLIN PKV FT. WALTON B	NUER	Mailing Address  * RICHARD BAUER 228 EGLIN PKWY NE FT. WALTON BEACH FL 32	% RICHARD BAUER			3. Date Incorporated or Qualified	3a. Date of Last	
2. Principal Pl	acc of Business	2a. Mailing Address				08/26/1987 4. FEI Number	04/25/1996	applied For
21 Suite, Apt	#, etc.	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·			59-2843917	_ \$0.75	lot Applicable Additional
22 City & State		City & State			···	Certificate of Status Desired     Belection Campaign Financing	Fee F	lequired  May Be
<b>23</b>	Country	28 Zip	8			Trust Fund Contribution	Added Added	to Fees
24	25 29 30 9. Name and Address of Current Registered Agent			···			Yes 🔲 No	s. 199.032,
BAU	P. Name and Address of C ER, RICHARD	turrent Registered Agent		B1 Nan	ne	10. Name and Address of New Re	Jistered Agent	
	EGLIN PKWY NE WALTON BEACH FL 32547		ļ	32 Stre	et Addr	ess (P.O. Box Number is Not Acceptab	e)	
, , , ,	White of behind the order		ļ	вэ			<del></del>	
			Ţ	B4 City			FL 85 Zip	Code
office or n	egistered agent, or both, in the	State of Florida, Such change was a	uthorized	by the c	ed corp orporat	oration submits this statement for the pion's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered
agent Fa   SIGNATURE	•	obligations of, Section 607.0505, Flo						
12.	Separation is and or provide away disease.  OFFICE 6	ra Lagert a et Bie it applicable (NOTE IS AND DIRECTORS	Registered	Agent signa	cure requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12
100	0	DELETE	11 TIT	ŧ	1		☐ Change	Addition
P/AN:	BAUER, RICHARD 107 PORT DR		1.2 NA/					\ <u>{</u>
STREET ACORESS COLY ST ZIE	SHALIMAR FL 32579			eet addre: Y-ST-Zip	is			
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NAME	CREWS, GLORIA		2 2 NA					}
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NAM SHREET ADDRESS of			52 NA	ME LEET ADDRES	26			}
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DAME			6.2 NA	ME.	)			
STREET ADDRESS			1	LEET ADDRE	22			}
Calif St 7IP			6 4 CIT	Y-ST-ZIP	_1_		·	····

14. I do 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 office or 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 that, 13 if changed, or on an attachment with an address.

**FILED**