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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

AUBREY JEWELERS, INC.

Principal Place of Business

Mailing Address

1500 APALACHEE PARKWAY

2003 APALACHEE PKWY.

FILED Jun 27 1997 8:00am Secretary of State



INCLAMOSE	. FL 463UI	TALLAHASSEE FL (US	32301-4800			Date Incorporated or Qualified 01/07/1988	3a. Da	te of L		port
2. Principal P	lace of Business	2a. Mailing Address	\$			4. FEI Number	1 411	, ,		olied For
21		26				59-2866120				Applicable
Suite, Apt.		Suite, Apt. #, et	C.			5. Certificate of Status Desired			. 75 A	dditional quired
City & State	В	City & State				6. Election Campaign Financing Trust Fund Contribution			.00 i	May Be Fees
Ζιρ	Country	Zıp	Cou	nlry	·	8. This corporation has liability for i	ritangible	tax un	der s.	199.032,
24	25	29	30				Yes [
	9. Name and Address of Curre	nt Registered Agent			T	10. Name and Address of New Re-	istered /	\gent		
	ID, ROBERT A.		1	81	Name					
	E. PARK AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptab	lo)			
TAL	LAHASSEE FL 32301		,							
				83						
				84	City	·		85	Zip C	ode
					,		FL		•	
SIGNATURE	Signature, typed or printed name of registered ag					poration submits this statement for the p tion's board of directors. Thereby accep and when remistating)	[IA]E			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTORS	IN 12
THLE	PO	☐ DELET	E 1111	lΓ				☐ Ch	ange	Addition
NAME	COZART, RICKY S.		1 2 NA	ΜE						
STREET ADDRESS	2003 APALACHEE PARKWAY	SUITE 105	1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 0/1	Y-8	T - ZIP					
TITLÉ	VST	☐ DELET	É 21 TII	LE				☐ Ch	ange	☐ Addition
NAME	COZART, MARILYN I.	HTP 402	2.2 NA	ME						
STREET ADDRESS	2003 APALACHEE PKWY., SU TALLAHASSEE FL	JITE 105	2.3 \$1	4£ F 1	ADDRESS	••.				
CITY-ST-ZIP TITLE	IALLAMASSEE PL	DLLET	2. 4 CI		51-209					·
1		טוננו						Chi	ange	Addition
NAME			3.2 NA		ĺ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELET	3.4. CI E 4.1 111		51 · ZIP			∏ Ĉ'n		Addition
NAME			4.2 N/					L) (11)	inge	Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.3 SIT		- 1					
TITLE		DELET			1-29			☐ Cha	anne	Addition
NAME .			5.2 NA					VIII	- '9''	/ Add (IDI)
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT							
TITLE		☐ DELF1						Cha	inge	☐ Addition
NAME			6.2 NA							
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP	A. Comment of the com		6.4 CIT							
	29 A . A . A . A				<u> </u>					

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, Ffurther 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.