

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K12120**

(7)

1. Corporation Name

**JEWELRY ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

% PETER KOUWENHOVEN  
4252 CLEVELAND AVE  
FT. MYERS FL 33901

% PETER KOUWENHOVEN  
4252 CLEVELAND AVE  
FT. MYERS FL 33901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1988**

2. Principal Place of Business

2a. Mailing Address

21 **% Robin Kouwenhoven**  
Suite, Apt. #, etc. **Personal Rep.**

26 **% Robin Kouwenhoven**  
Suite, Apt. #, etc. **Personal Rep.**

4. FEI Number

**65-0024212**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOUWENHOVEN, PETER  
4252 CLEVELAND AVE  
FT. MYERS FL 33901

81 Name **Robin Kouwenhoven, Personal Rep**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4252 Cleveland Ave**  
83  
84 City **Ft Myers, FL** 85 Zip Code **33901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Robin A. Kouwenhoven**

**2-18-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **KOUWENHOVEN, PETER**  
STREET ADDRESS **4252 CLEVELAND AVE**  
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Robin Kouwenhoven, Personal Rep.**  
1.3 STREET ADDRESS **4252 Cleveland Ave**  
1.4 CITY-ST-ZIP **Ft Myers, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: **Robin A. Kouwenhoven**

**+ 1-30-98**

CR2E034 (10/97)