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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90241 014 \*\*\*150.00

1, Corporation	MENT # K38535 J JEWELRY, INC.	5					
Principal Place of Business Mailing Address					I (SAIMTH DEN (HIN) BITAL BITAL BITE BITE BITE	61811 W1811 B1841 W	
3540 N.W. 56 STREET FT. LAUDERDALE FL 33309 US  3540 N.W. 56 STREET FT. LAUDERDALE FL 33309 US							
					DO NOT WRITE IN THIS SPACE		
		•			Date Incorporated or Qualifed     10/13/1988		}
- 5:	land of Duniana	2a. Mailing Address			4. FEI Number	Δn	plied For
					65-0084549		t Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 A	
22 27					5. Certificate of Status Desired	- Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	o Fees
Zip	Country Zip		Country		8. This corporation owes the current year Intengible Personal Property Tax.		
24	25	29 30	ןט		10. Name and Address of New Registered		
	9. Name and Address of Currer	iv vedistalan waalit	8	1 Name	10. Hanne and Frances of Hear Hagisteres	-9	
WEITZNER, LESLIE				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
3540 NORTHWEST 56TH STREET					,		
F1. (	AUDERDALE FL 33309		8	3			•
			8	4 City		85 Zip (	Code
					rporation submits this statement for the purpose of	<u>-                                    </u>	1) - 1.
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, Florid	a Statute	s.	tion's board of directors. I hereby accept the apprinted when reinstating)  DATE		·
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT	☐ DELETE 1.1 T				Change	☐ Addition
NAME	Weitzner, Leslie		1.2 NAME				- {
STREET ADDRESS	3540 NW 56 ST.			ET ADDRESS			1
CITY-ST-ZIP			1.4 CITY			Change	Addition
TITLE	VPS	· ·			•	Cliange	L. Addition
NAME	WEITZNER, JANE						
STREET ADDRESS	0010 1111 00 0111221			ET ADDRESS	<del>-</del> -	• •	
CITY-ST-ZIP TITLE			2.4 CITY 3.1 TITLE			Change	Addition
NAME		3.2 N					
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY		•		
TITLE			4.1 TITLE		,	☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	4.4.0		4.4 CITY-	ST-ZIP			
TITLE			5.1 TITLE	I .		. Change	Addition
NAME			5.2 NAMI			•	
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY			Change	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAMI				
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				1
CITY-ST-ZIP	1		0.4 OH Y	OI-ZIF			

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: