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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	E <b>JEWEL ASSOCIATES, INC</b>	` '			) kareriji eri kalini alija kalin abiri kali birih birih bi	RI BOOK BIOK BIOK BORN IRO
Delination of City	I D	Name and Additional Control of the C				
Principal Place of Business		Mailing Address			Transfer and the same total and the same total	ter atan arasi Arbit Aldit 1881
2203 8 ORANGE AVE ORLANDO FL 32806 US		2203 S. Orange ave. Orlando fl 32906 US		DO NOT WRITE IN THIS SPACE		
00		03			3. Date Incorporated or Qualified	J GI NOL
					05/05/1989	
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2950217	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip			Cour	ntrv	8. This corporation owes or has paid the c	Added to Fees
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	
PRESTON, BRUCE B.				81 Name		
	16 JENNIE JEWEL PL		-	B2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32806		_			
				83		
A section of the s				84 City		85 Zip Code
11. Pursyant	to the provisions of Sections 607,0502	and 607.1508, Florida Statul	les, the ab	ove-named co	orporation submits this statement for the durpose	of changing its registered
agent I a	egi <b>st</b> ered agent, or both, in the State : m familiar with, and accept the <u>obliga</u>	of Florida. Such change was : tions of, Section 607.0505, Fl	authorized orida Statu	by the corpor tes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	13 mars 93	2			2/17/9	7B
	Signature, typed or printed name of registered ager			Agent signature red	quired when reinstating) DATE	
12.	OFFICERS AND			-	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	PRESTON, BRUCE B.	· · · •				L Change L Addition
STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	ODI ANDO EL			i		
TITLE			2.1 TITL	(-ST-ZIP		Change Addition
NAME	PRESTON, PATRICIA S.		2.2 NAN			
STREET ADDRESS	ASAA ICHINE ICHEL DI AAC		4	EET ADDRESS		
_CITY-ST-ZIP	ODI ANDO EI		- II	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3.3 STR	EET ADDRESS		1
CITY+ST-ZIP		T assets		Y-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA			
STREET ADDRESS			1	EET ADDRESS	1	
CITY-ST-ZIP TITLE	<del></del>	DELETE	_	- ST- ZIP	/'	☐ Change ☐ Addition
NAME		C pittere	5.1 TITLE 5.2 NAME		/ . <b>V</b> ,	Change Addition
STREET ADDRESS				ET ADDRESS	\ / \ \ / \ \ \ /	
CITY-ST-ZIP				-ST-ZIP	\ \\/\\\ _	
TITLE		DELETE	61 TITL		1/1/1/1/17	☐ Change ☐ Addition
NAME			6.2 NAM		W WV XW I	
STREET ADDRESS	•			ET ADDRESS	17/7	
CITY-ST-ZIP			6.4 CITY		l,	
de la colonia	and the short short the contract of the contract of the state of	41 2 422 1 1 1 10 4			A 11 440 0=1010) E1 11 K	

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 on an attachment with an address.

**FILED** 

Mar 03 1998 8:00am

Secretary of State