FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90208 027 ***150.00

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

Mailing Address

1937 N MILITARY TRAIL

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06283

1. Corporation Name

Principal Place of Business 1937 N MILITARY TRAIL

WHOLESALE TO PUBLIC JEWELRY, INC.

W PALM BEACH FL 33409 W PALM BEACH FL 33409								DO NOT WRITE IN THIS SPACE						
US			US					3. Date Incorporated or Qualifed 08/01/1989						
2. Principal Pi	lace of Business	2a.	Mailing Address				4	, FEI Number				Appl	ied For	
21	·	26						65-0137561			[Not /	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	. Certifcate of Status Des	sired		\$8.75 Additional Fee Required				
City & State	e	27	City & State				-	S. Election Campaign Fina	ancina		\$5	.00 M	lav Re	
23	_	28	•				`	Trust Fund Contribution	_			ded to		
Zip	Country	20	Zip	Cou	ıntry		-	This corporation owes t		ent vear Inta	angihle			
¬ '	25	29		30	•		Ι,	Personal Property Tax.		 , 	Yes	. [No	
24	9. Name and Address of Current I	-	tered Agent	1001	1	*	11). Name and Address of	New R	legistered .	Agent		-	
	5. realis and realists or our				81	Name								
RO7	inski, william j.													
1937 N MILITARY TRAIL						Street Add	dress i	(P.O. Box Number is Not	Accepta	ible)				
SUITE I														
	-· · ·				83									
W P	ALM BEACH FL 33409				84	City					85	Zip Co	de	
			_			•				F <u>L</u>	.]]			
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	ia. Such change was a	utnonze	a bv	the corporati	rporati ition's l	on submits this statement board of directors. I hereb	y accep	purpose or t the appoi	ntment	as regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent a	ınd title i	if applicable. (NOTE	: Registere	d Ager	nt signature require	ired wher	n reinstating)		DATE				
12.	OFFICERS AND			13.				ADDITIONS/CHANGES	TO OF	FICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	D		☐ DELETE	1.1 T	ITLE						Cha		☐ Addition	
	ROZINSKI, WILLIAM J.				AME	l						-		
NAME	AL ARLETA DA TRAD. ALUTE													
STREET ADDRESS						TADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL 33409			_	ITY-S	T-ZIP		>				<u>-</u>	- Addition	
TITLE			☐ DELETE	2.1 T	ITLE			•			☐ Cha	ange	☐ Addition	
NAME	,			2.2 N	AME	ì								
STREET ADDRESS	in the second second	-		2.3 S	TREET	TADDRESS		*			- · .			
CITY-ST-ZIP				2.40	CITY-S	ST-ZIP								
TITLE			☐ DELETE	3.1 T	TLE						Ch:	ange	☐ Addition	
NAME				3.2 N	AME									
STREET ADDRESS						TADDRESS								
	•				CITY-S	· · · · · · · · · · · · · · · · · · ·								
CITY-ST-ZIP			□ DELETE	4.1 T		11-ZIF					☐ Cha	ange	Addition	
TITLE			_ 5-2-16		VAME]						•		
NAME expect adoption						T ADDRESS								
STREET ADDRESS					TY-S									
CITY-ST-ZIP TITLE			☐ DELETE	5.1 T		1-24					Ch	ange	Addition	
				5.1 N					-		_	•		
NAME				1		T ADDRESS								
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CITY-ST-ZIP			DELETE	6.1 T							Ch	ange	Addition	
TITLE			L VELETE			1					_ ~	90		
NAME				6.2 N										
STREET ADDRESS						TADDRESS		·						
OID/ OT 710				6.4 0	TY-S	T-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 on an attachment with an addiess, with all other like empowered.

SIGNATURE: