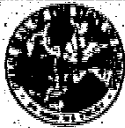


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 10:16

DOCUMENT # L83891

(6)

1. Corporation Name

NATURE'S JEWELS, INC.

AS OF DEC. 19-94 NAME CHANGED TO:
DREAMSICLE, INC. (AMENDMENT THRU
FID. DEPT. OF STATE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% C. EILEEN LOPER
876 HWY 98 E. SHORELINE VILLAGE MALL
DESTIN FL 32541

Mailing Address

% C. EILEEN LOPER
876 HWY 98 E. SHORELINE VILLAGE MALL
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 109 Berry St.

2a. Mailing Address

26 109 Berry St.

4. FEI Number

59-3023462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

City & State

23 SANTA ROSA BEACH, FL

City & State

28 SANTA ROSA BEACH

Zip

24 32459

Country

25 FLORIDA

Zip

29 FL.

Country

30 32459

9. Name and Address of Current Registered Agent

LOPER, C. EILEEN
876 HIGHWAY 98 EAST
SHORELINE VILLAGE MALL
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.1505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOPER, C. EILEEN
STREET ADDRESS RT. 2, BOX 8050
CITY-ST-ZIP SANTA ROSA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

C. EILEEN LOPER - C. EILEEN LOPER
DIRECTOR

APRIL 26-1995

267-1280