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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # L90250 (6) AMERICAN JEWELRY LOAN CO. | | | | | | |
|--|--|-----------------------|--------------------|-----------------------|---|--|
| Principal Place | Mailing Address 4257 W KENNEDY BLVD. | | | | T HERVIEN DER FOLGE ORDER ERRIN DOLL GLEIN GERU SYSTE OFFIL OLDER GYRY 1907 | |
| 4257 W KENNEDY BLVD. 4257 W KENN TAMPA FL 33809 TAMPA FL 33 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified |
| 2. Principal Place of Business 2e. Mailing Addres | | | | | | 4. FEI Number Applied For S9-3025896 Not Applicable |
| 1 26 | | | · | | | SR 75 Additional |
| 27 | | | | | | 5. Certificate of Status Desired Fee Required |
| City & Stati | 0 | City & State | | | ······································ | Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zφ | Country | Zip | | ountry | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curren | 29 | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| DALI | ERMO, JAMES D. | t uefliateten wifetit | | 81 | Name | St. Idenia and virtuase of tree trefleteres Man |
| | S ASHLEY DR | | | 82 | Stroot | Address (P.O. Box Number is Not Acceptable) |
| | TE 1255 | | B2 Street Ad | | 20000 | Address (F.O. Box Number is 140) Acceptable) |
| TAM | PA FL 33602 | 83 | | | | |
| | | | | 84 | City | FL 85 Zip Code |
| 11. Pursuant office or r agent. I a SIGNATURE | to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga Signatur, typid or profed reme of registered age | | | | | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered sequired when renetating) DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP | ☐ DELETE | 1.1 | TITLE | | Change Addition |
| NAME | 4257 W KENNEDY BLVD | | 1.2 NAME | | | |
| STREET ADDRESS | | | 1 | 1.3 STREET A | | |
| CITY - SI - 7HF : | IAMIAIL | DELETE | | TITLE | 1-217 | ☐ Change ☐ Addition |
| NAME | | | | NAME | | |
| STREET ADDRESS | 23 | | 2.3 STREET ADDRESS | | ** | |
| CITY - S1 - ZIP | | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 1 | 3.1 TITLE 3.2 NAME | | Change Addition |
| NAME STREET ADDRESS | | | 1 | | ADDRESS . | |
| CITY-ST-ZIP | | | | . CHY-S | | |
| TITLE | 1944 <u> </u> | DELETE | | TITLE | | Change Addition |
| NAME | | | 4.2 | 2 NAME | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIF | | DELETE | | CITY-S | T-ZIP | Change Addition |
| TITLE NAME | | | | NAME | | C thange C Applica |
| STREET ADDRESS | | | | | ADORESS | |
| CITY-ST-7IP | | | | CITY-S | i | |
| TITLE | | ☐ DELETE | | TITLE | 1 | Change Addition |
| NAME | | | 6.2 | NAME | į | |
| STREET ADDRESS | | | 6.3 | STREET | ADDRESS | |

14. I do 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 ampowered 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

Apr 28 1997 8:00am

Secretary of State