

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84753 (6)
1. Corporation Name
FLORIDA JEWELRY CRAFTS, INC.

Principal Place of Business Mailing Address
1349 UNIVERSITY PARKWAY WEST 1349 UNIVERSITY PARKWAY WEST
P.O. BOX 2620 P.O. BOX 2620
SARASOTA FL 34233 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country

4. FEI Number Applied For
65-0052566 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**
9. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
COOPER, ELIZABETH E.
3424 QUEENS ST.
SARASOTA FL 34231

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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDBERG, ARTHUR M. | 1.2 NAME | |
| STREET ADDRESS | 940 CALOOSA DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL 34234 | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTLE, JOHN A., JR. | 2.2 NAME | |
| STREET ADDRESS | 1409 21ST ST., W. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BRADENTON FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRETSCHMAR, MARILYN J | 3.2 NAME | |
| STREET ADDRESS | 2917 8TH AVE., W. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BRADENTON FL | 3.4 CITY - ST - ZIP | |
| TITLE | STD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, ELIZABETH E. | 4.2 NAME | |
| STREET ADDRESS | 3424 QUEENS ST. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(3)(k), Florida Statutes. I further certify that this 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: *Elizabeth E. Cooper* 04/14/95 (813) 351-9404
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (System Phone #)
ELIZABETH E. COOPER