**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P28702 1. Corporation Name

REEDS JEWELERS OF NORTH CAROLINA, INC.

Principal Place of Business Mailing Address				4 100 tide: 110 (100) 18:111 10051 001100 1101	
2525 S. 17TH STREET		2525 S. 17TH STREET		İ	
		P.O. BOX 2229		DO NOT WRITE IN TH	IIS SPACE
WILMINGTON NC 28402 WILMINGTON NC 28402			3. Date Incorporated or Qualifed		
				03/30/1990	Ì
2. Principal Pl	ace of Business	2a. Mailing Address	, <del></del>	4. FEI Number	Applied For
21		26		56-1441706	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Control of Citato Debitor	Fee Required
_ City.& State		City-& State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible No
24	25	29 3	0}	Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Current	, Registered Agent	81 Name	IV. Italiie and Address of Itali Regions.	
сто	ORPORATION SYSTEM				
1200 S. PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	,
PLANTATION FL 33324			83		
* ay "make destription"					
	20 RE SARA C		84 City	F	85 Zip Code
1. December 2012 and 507 0500 and 507 1508. Elevidor Statutor, the above agreed corporation submits this statement for the number 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 nereby accept the appointment as 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	AIOTE: D	egistered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	METZNER, ALLAN E		1.2 NAME		
STREET ADDRESS	2525 S. 17TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GERALD R		2.2 NAME		
STREET ADDRESS	2525 S. 17TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NC		2.4 CITY-ST-ZIP	·	·
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMER, ALAN M		32 NAME		
STREET ADDRESS	2525 S. 17TH STREET		3.3 STREET ADDRESS		ł
CITY-ST-ZIP	WILMINGTON NC		3.4. CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMER, WILLIAM R		4. 2 NAME		}
STREET ADDRESS	2525 S. 17TH STREET		4.3 STREET ADDRESS		•
CITY-ST-ZIP	WILMINGTON NC 28401		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMER, ROBERTA G.		5.2 NAME		
STREET ADDRESS	2525 S. 17TH STREET		5.3 STREET ADDRESS		ł
CITY-\$T-ZIP	WILMINGTON NC		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	_	☐ Change ☐ Addition
NAME	DOLICE INMES D		6.2 NAME		

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 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS

ROUSE, JAMES R.

WILMINGTON NC

2525 S. 17TH STREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AllAN E.

**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90291 017 \*\*\*150.00