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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P34110 (7)
1. Corporation Name
TIAC DIAMOND AND JEWELRY BROKERAGE, INC.



Principal Place of Business Mailing Address
14845 N DALE MABRY
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 15207 N Dale Mabry 26 15207 N Dale Mabry
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa FL 28 Tampa FL
Zip Country Zip Country
24 33618 25 33618 29 33618 30

3. Date Incorporated or Qualified
05/13/1991
4. FEI Number 36-3756839
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
EPSTEIN, ADAM N
8849 N HIMES
SUITE 907
TAMPA FL 33614
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 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CDP ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME EPSTEIN, ADAM 1.2 NAME
STREET ADDRESS 8849 N HIMES 1.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP
TITLE VCD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME EPSTEIN, LESLEY 2.2 NAME
STREET ADDRESS 8849 N HIMES 2.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP
TITLE ST ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME EPSTEIN, LESLEY 3.2 NAME
STREET ADDRESS 8849 N HIMES 3.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
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STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-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 address.

SIGNATURE 11/18/98 81272855

CR2E034 (10/97)