## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P34110
1. Communication Means	

Apr 27, 1999 8:00 am Secretary of State

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<del>Tiao diamond and J</del>ewelry Brokerage inc. وي سال د و سال Principal Place of Business Mailing Address

15207 N DALE MABRY 15207 N DALE MABRY **TAMPA FL 33618** TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date I rcorporated or Qualifed 05/13/1991 2. Princips | Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 36-3756839 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Electic n Campaign Financing \$5.00 vlay Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zìn Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 🗆 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EPSTEIN, ADAM N 82 8649 N HIMES -**SUITE 907** 83 TAMPA FL 33614 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named exporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF:E Signature, typed of printed ni me of registered egen and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TILE CDP ☐ DELETE 1.1 TITLE Change ☐ Addition EPSTEIN, ADAM NAME 12 NAME **8649 N HIMES** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-5<u>T-ZI</u>P TITLE VCD DELETE 21 TITLE Addition EPSTEIN, LESLEY NAME 22 NAME 8649 N HIMES STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZE Z. 4 CITY-ST-ZIP TITLE ST DELETE 31 m.e ☐ Addition EPSTEIN, LESLEY 32 NAME STREET ADDRESS **8649 N HIMES** 3.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 34 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRES 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 51 TITLE Chance ☐ Addition NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-5T-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 52 NAME STREET ADORESS 6.3 STREET ADDRESS CITY ST ZP 64 CITY-ST-ZIP

14. I harety cartify that the informa ion supplied will this filing does not quality 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 of 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 change, or m an attachment with an address, with all other like empowered.

SIGNATURE:

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