FILED Apr 25, 1999 8:00 am Secretary of State 04-25-1999 90009 044 ***450.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013	375C	J
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1. Corporation Name

Principal Place of Business

R. KAUFMAN JEWELERS, INC.

1801 PALM BEACH LAKES RD PALM BEACH MALL W PALM BEACH FL 33401 US	PALM B	ILM BEACH LAKES BLVD EACH MALL I BEACH FL 3340:).	•·	DO NOT WRITE IN corporated or Qualifed	THIS SPACE		
		1' A J-t		12/23			lied For	
Principal Place of Business 2a. Mailing Address				4. FEI Number 65-0427731		<u> </u>	Not Applicable	
21	26	te, Apt. #, etc.		03 04	21101	\$8.75 A		
Suite, Apt. #, etc.	27			5. Certifca	te of Status Desired	Fee Rec		
City & State	City	& State			Campaign Financing	\$5.00 1		
23	28\				und Contribution	Added to	rees	
├ - '	ur try Zip		Country	1 7	poration owes the current ye		ZNo	
24 25	29	30			al Property Tax. and Address of New Regist			
9. Name and Ad	Idress of Current Registered	a Agent	81 Nampe	- 				
KAUFMAN, RICHARD PALM BEACH MALL			82 Street A	Cdress (P.O. Box	C. FURR Number is Not Acceptable)	ESQ SUITE	412	
1801 PALM BEACH L			83 LLL Q	2 W	PALMETTO	FARK R	MAD	
W PALM BEACH FL 3	3401		84 Ciby	7 00.		85 Zip,C	xde Col	
			10	CA RAT		<u>FL 53</u>	480	
11. Pursuant to the provisions of office cr registered agent, or lagent. I am familiar with, and	accept the obligations of See	508, Florida Statutes, thuch change was author uch change was author u len 80 7.0505, Florida S	ne above-named or rized by the corpor Statutes.	ecrporation submit ration's board of c	irectors. I hereby accept the	appointment as reg	stered	
	na ne of registered agent and title if appli	cable (NOT: Regis	stered Agent signature re		DA	TE T		
12.	OFFICERS AND DIRECTO		13.	ADDITIC	NS/CHANGES TO OFFICER			
TITLE D		☐ DELETE 1	1.1 TITLE			[]] Change	☐ Addition	
NAME KAUFMAN, RICH	HARD I	1	1.2 NAME	1 60 G 1	POUM BON	ar ward	; Bulb	
STREET ADDRESS 8750 MARLAMOR LANE			1 3 STREET ADDRESS	1201	Λ . Λ	~ 30	100	
CITY-ST-ZIP PALM BEACH G	ARDENS FL 33412		1.4 CITY-ST-ZIP	W PA	-M BEACH,	<u> = </u>	1 - T	
TITLE		_	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRE 3S		:	2.3 STREET ADDRESS					
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STREET ADDRE S];	3.3 STREET ADDRESS				Ţ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u>-</u>				
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NAME		4	4. 2 NAME					
STREET ADDRESS].	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE :	51 TITLE			Change	☐ Addition	
NAME		• !	5.2 NAME					
STREET ADDRE IS			5.3 STREET ADDRESS					
City-St-zip			5.4 CITY- ST-ZIP					
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NAME] (6.2 NAME				ĺ	
STREET ADDRESS		5 1	6.3 STREET ADDRESS				l	
1			64 O/D/ OT 7ID					

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 ε xecute 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 attach nent with an address, with a Lother like empowered.

SIGNING OFFICER OR DIRECTOR

478 6800

CR2E034 (11/98)