FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

7371 SPARKLING LAKE RD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7371 SPARKLING LAKE RD

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018064 (4)

JEWELRY EXPRESSIONS, INC

ORLANDO FL 32819 ORLANDO FL 32819-4742 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1993 06/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3180799 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes X No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUEMER, CHRISTINA 7371 SPARKLING LAKE RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 Zip Code 85 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 rame of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE Change Addition 1.1 TITLE **HUEMER, CHRISTINA** NAME 1.2 NAME 7372 SPARKLING LAKE RD STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE TITLE 21 TITLE Change ___ Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

CITY-ST-ZIP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc

101,0110 CIGNATURE

4-25-97

FILED

May 01 1997 8:00am

Secretary of State

Change

Change

Change

Change

Addition

Addition

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