

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.  
AMOUNT DUE ON OR BEFORE 8/19/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED  
AND  
FILED

94 AUG -9 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jeri Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000036036 (0)

1. Corporation Name  
C. M. JEWELERS, INC.

Mailing Address  
3902 HENDERSON BLVD.  
TAMPA FL 33629

Principal Place of Business  
3902 HENDERSON BLVD.  
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

21

2a. Principal Place of Business

26

4. FEI Number

59-3183163

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign

Financing Trust

Fund Contribution

\$5.00 May Be

Added to Fees

City & State

City & State

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

Yes

No

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIDULLA CHRIS  
3902 HENDERSON BLVD.  
TAMPA FL 33629

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer/signer

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12.

OFFICERS AND DIRECTORS

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

MIDULLA CHRIS

1.3 STREET ADDRESS

3902 HENDERSON BLVD.

1.4 CITY-ST-ZIP

TAMPA FL 33629

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.1 TITLE

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3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 1993 (s) the 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 be on the same legal effect and 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 or Chapter 617, Florida Statutes, and that my name appears in Block 11 or Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-94

813-254-6046