

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000047451 (8)

1. Corporation Name

JEWEL HOMES, INC.



Principal Place of Business

3033 RIVIERA DR. S-106
NAPLES FL 33940

Mailing Address

3033 RIVIERA DR. S-106
NAPLES FL 33940

3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 601 Elkcam Circle

2a. Mailing Address

26 601 Elkcam Circle

4. FEI Number
65-0421108

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite B-3

Suite, Apt. #, etc.

27 Suite B-3

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

23 Marco Island, FL

City & State

28 Marco Island, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33937

Country

25 Collier

Zip

29 33937

Country

30 Collier

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D
3033 RIVIERA DR.
SUITE 106
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

GARY J. HAUSLER, Attorney

82 Street Address (P.O. Box Number is Not Acceptable)

601 Elkcam Circle # B-3

83

84 City

Marco Island

FL

85 Zip Code

33937

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 the corporation

(NOTE: Registered Agent signature required when reinstating)

Date

4/10/96

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME NIJS, JULES O
STREET ADDRESS 100 N COLLIER BLVD., UNIT 1105
CITY-STATE-ZIP MARCO ISLAND FL
☐ DELETE

TITLE DPT
NAME STASSEN, MARIA M
STREET ADDRESS 100 N COLLIER BLVD., UNIT 1105
CITY-STATE-ZIP MARCO ISLAND FL
☐ DELETE

TITLE AS
NAME GOODMAN, KENNETH D
STREET ADDRESS 3033 RIVIERA DR., S-106
CITY-STATE-ZIP NAPLES FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

100 N. Collier Blvd. PH-2
MARCO ISLAND, FL 33937

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

100 N. Collier Blvd. PH-2
MARCO ISLAND, FL 33937

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/10/96

941(394-3171)

Date

Daytime Phone #

CR2E034 (12/95)