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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000047451 (8)

JEWEL HOMES, INC.

Principal Place of Business Mailing Address  601 ELKCAM CIRCLE SUITE B-3 MARCO ISLAND FL 33937 MARCO ISLAND FL 34145					
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
1				06/29/1993	04/23/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0421108	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
6X M.	ARY J. HAUSLER 01 ELKCAM CIRCLE #B-3 ARCO ISLAND FL 33937	02 and 607 2008/Florida Statute	84 City M	Area Tisland	FL 85 Zip Code
office o agent. SIGNATURI		1XX Hame	athorized by the corporatida Statutes.  Registered Agent signature requ	poration submits this statement for the ation's board of directors. I hereby acculated when reinstating)	ept the appointment as registered  2/4/9.7  DATE
12.	OFFICERS AN	PRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DVS	DELETE	1.1 TITLE		Change Addition
NAME	NIJS, JULES O		1.2 NAME		
STREET ADDRES	S 100 N COLLIER BLVD PH 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY - ST - ZIP		Į,
TITLE	DPT	DELETE	2.1 TITLE		Change Addition
NAME	STASSEN, MARIA M		2.2 NAME		,
STHEET ADDRES			2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY - ST - ZIP		
TITLE	MAROO IODARD I L	DELETE	31 TITLE		Change Addition
NAME	Ì		32 NAME		The second secon
STREET ADDRES			33 STREET ADDRESS		
		•			·
CITY-ST-ZiP		☐ DELETE	3 4, CITY - ST - ZIP		Change Addition
TITLE	I ,	TH DEFEIE	4.1 TITLE		Finalities Finalitical 1

14. If 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 suppliemental 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 Changes, or on an authority that the address.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

FAND TYPEU ON PRINTED NAME OF STORMING ON DIRECTOR STASSEN, VIN 197 Date

941-314-3055

Change

Change

Addition

Addition

**FILED** 

Feb 18 1997 8:00am

Secretary of State