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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000055374 (1)

1. Corporation Name
AMERICAN FULFILLMENT JEWELRY CORPORATION



Principal Place of Business: 14100 U.S. HIGHWAY 19 N. SUITE 105 CLEARWATER FL 34624
Mailing Address: 14100 U.S. HIGHWAY 19 N. SUITE 105 CLEARWATER FL 34624-7209

3. Date Incorporated or Qualified: 08/04/1993
3a. Date of Last Report: 01/10/1997

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

4. FEI Number: 59-3195002
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

HAENGEL, MAURICE
14100 U.S. HIGHWAY 19 NORTH
SUITE 105
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

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, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: PD
NAME: HAENGEL, MAURICE
STREET ADDRESS: 14100 US HIGHWAY 19 N., SUITE 105
CITY-ST-ZIP: CLEARWATER FL 34624

2. TITLE: V
NAME: HAENGEL, PAMELA
STREET ADDRESS: 14100 US HIGHWAY 19 N., SUITE 105
CITY-ST-ZIP: CLEARWATER FL 34624

3. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: [Change] [Addition]
12. NAME:
13. STREET ADDRESS:
14. CITY-ST-ZIP:

2.1. TITLE: [Change] [Addition]
2.2. NAME:
2.3. STREET ADDRESS:
2.4. CITY-ST-ZIP:

3.1. TITLE: [Change] [Addition]
3.2. NAME:
3.3. STREET ADDRESS:
3.4. CITY-ST-ZIP:

4.1. TITLE: [Change] [Addition]
4.2. NAME:
4.3. STREET ADDRESS:
4.4. CITY-ST-ZIP:

5.1. TITLE: [Change] [Addition]
5.2. NAME:
5.3. STREET ADDRESS:
5.4. CITY-ST-ZIP:

6.1. TITLE: [Change] [Addition]
6.2. NAME:
6.3. STREET ADDRESS:
6.4. 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 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: PAMELA HAENGEL 4-25-97 813/532-9330
DATE: 4-25-97 DAYTIME PHONE: 813/532-9330

CR2E034 (9/96)