

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90142 047 \*\*\*150.00

DOCUMENT # P93000055374

1. Corporation Name

AMERICAN FULFILLMENT JEWELRY CORPORATION



Principal Place of Business

14100 U.S. HIGHWAY 19 N.  
SUITE 105  
CLEARWATER FL 33764  
US

Mailing Address

14100 U.S. HIGHWAY 19 N.  
SUITE 105  
CLEARWATER FL 33764  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13247-B 38th North

26 13247-B 38th North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLEARWATER, FLORIDA

City & State

28 CLEARWATER, FLORIDA

Country

24 33762 25 USA

Country

29 33762 30 USA

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)

13247-B 38th North

83

84 City CLEARWATER

FL

85

33762

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

*Maurice Haengel*  
Signature, typed or printed name of registered agent and title if applicable.

MAURICE HAENGEL

(NOTE: Registered Agent signature required when reinstating)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13247-B 38th North  
1.4 CITY-ST-ZIP CLEARWATER, FLA 33762

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 13247-B 38th North  
2.4 CITY-ST-ZIP CLEARWATER, FLA 33762

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 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, with all other like empowered.

SIGNATURE: *Maurice Haengel* MAURICE HAENGEL

1/22/99 727-299-2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)