	PLI	EASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM		
API	PLICATION			A DEPARTMEI  Katherine Ha	NT OF STATE arris	ſ	·FIL	- <b>(</b> :Fin	y
REIN	STATEME	NO	DI	Secretary of S			SECRETARY	COF STATE PEPERATIONS	
DOCUMENT # <b>P93000055374</b> 1. Corporation Name						00 DEC 21 AM 11: 45			
AMER	ICAN FULF	ILLMENT JEV	VELRY C	ORPORATIO	ON				
Principal Place of Business Mailing Address									
13247-B 38TH N CLEARWATER FL 33762 US			19247-8 38TH N SUITE TOS CLEARWATER FL 33762 US						
If above addresses are incorrect in any way, line through incorrect information and enter correction b  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable						4. Date Incorp	orated or Qualified		
Suite, Apt. #, etc. 39 ST N Suite, Apt.				etc.	· ~~ ~	To Do Busir	ness in Florida 0	8/04/1993	
City & State			13247 City & State			5. FEI Number Applied For Not Applied For Not Applied For			ole
Zip Country Z			7:-	762 Country	PlA	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
		JSA es of Each Officer and/o			ations must list at lea	<u></u>		pr a Certificate or Status	
Title(s) Name of Officers and/or Directors 2				eet Address of Each ficer and/or Director		City / State / Zip			
PD HAENGEL, MAURICE			-18247-18 3811FN 3160 / ST N.			CLEARWATER FL 39702- ST PERER SECRE E LA 33 704			
V HAENGEL, PAMELA			1327 - 38TH N 3/60 /ST N.			GLEARWATER FL 33762 ST PETERS BURG			
						4.		LdCdd	
							00003524 -01/05/01 ****150.00	01019019	
									_
	8 Name and	Address of Current F	and hereteine	nt		9 Name and 6	Address of New Registered	Agent	_
					9. Name and Address of New Registered Agent Name				
HAENGEL, MAURICE					Street Address (F	fress (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 93762 ST PETERS GOLG (EL				33704 Suite, Apt. #, Etc.				18	
					-City		State		
_		stered agent of the above	e named corpo	ration, am familiar w	th and accept the ob	oligations of Secti		<u> </u>	
Signature o Registered		paux /	GISTERED AG	ENT MUST SIGN			Date	2-00	_
this rein	statement application	on, the reason for disso	er or trustee en ution has been	npowered to execute eliminated, the corpo	orate name satisfies	the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.0	401, F.S., that all fees	
		ive been paid and the n nd accurate, and my sig					der section 119.07(3)(i), F.S. `	ne information indicate	KI
SIGNAT		UPE AND TYPED OR PRIN	TEDENAME OF S	SIGNING OFFICER OR I	Miles Lett	11-2	.2~ U3 7)	)-) { 9-923  aytime Phone #	

## American Fulfillment Jewelry Corporation

13247-B 38<sup>th</sup> Street North Clearwater, FL 33762 Phone: (727) 299-9231 Fax: (727) 299-9233

November 22, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

This letter is to inform you that you have the incorrect business address on file for us. Because of this error I have never received the renewal notice for our corporation and I was unaware that our corporate renewal deadline has lapsed. Therefore, along with this letter I am enclosing the check for the renewal fee of \$150.00.

If you have any additional questions concerning this matter, I may be reached at (727)299-9231.

Thank you,

Maurice Haengel

President