

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90001 011 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P93000060614

1. Corporation Name

C. ROMANO JEWELRY DESIGN, INC.

Principal Place of Business

**513 FAYETTE CIRCLE SOUTH
SAFETY HARBOR FL 34695**

Mailing Address

**513 FAYETTE CIRCLE SOUTH
SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

2. Principal Place of Business

21 312 MAIN ST.

Suite, Apt. #, etc.

22 DUNEDIN, FL.

City & State

23

Zip

24 34698

Country

25 PINELLAS

2a. Mailing Address

26 312 MAIN ST.

Suite, Apt. #, etc.

27 DUNEDIN FL.

City & State

28

Zip

29 34698

Country

30 PINELLAS

4. FEI Number

59-3191866

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ROMANO, CHARLES
513 FAYETTE CIRCLE SOUTH
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

**81 Name CHARLES ROMANO
82 Street Address (P.O. Box Number is Not Acceptable)
312 MAIN ST.
83 DUNEDIN
84 City FL 85 Zip Code 34698**

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

Charles Romano

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

(NOTE: Registered Agent signature required when reinstating)

9-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROMANO, CHARLES
STREET ADDRESS 513 FAYETTE CIRCLE SOUTH
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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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
1.4 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 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:

Charles Romano

9-13-99

727-734-4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0128933