

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 28 PM 1:36****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P93000078292 (8)**

1. Corporation Name

CAPITAL JEWELERS, INC.

Principal Place of Business

**477 PICKFORD POINT
LONGWOOD FL 32779
US**

Mailing Address

**477 PICKFORD POINT
LONGWOOD FL 32779
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3214759

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 110 S. Monroe Street

2a. Mailing Address

26 405 Douglas Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

28 Altamonte Springs, FL

Zip

Country

24 32301

Zip

Country

29 32714**30**

9. Name and Address of Current Registered Agent

**BOWERS, CLAUD
477 PICKFORD POINT
LONGWOOD FL 32779**

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 completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BOWERS, CLAUD**
STREET ADDRESS **477 PICKFORD POINT**
CITY - ST - ZIP **LONGWOOD FL**TITLE **VP**
NAME **BOWERS, FREEDA**
STREET ADDRESS **477 PICKFORD POINT**
CITY - ST - ZIP **LONGWOOD FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any attachment with an address.

SIGNATURE:
Claud Bowers
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/24/95****(407) 786-2777**

(Date)

(Signature) (Name)