FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000078292 (8) DOCUMENT #

1. Corporation Name

CAPITAL JEWELERS, INC.



)
Principal Place of Business Mailing Address 110 S MONROF ST 405 DOUGLAS AVE							
110 S MONR TALLAHASSE		1855 D					
US		ALTAMONTE SPRINGS FL 32714 US		3. Date incorporated or Qualified 11/12/1993	3a. Date of Las 04/28	st Report 3/1995	
2. Principal Plac	e of Business	2a. Mailing Addre			4. FEI Number	<u></u>	Applied For
नी	•	26			59-3214759	60	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	T T -	.75 Additional ee Required
2		City & State			6. Flection Campaign Financing	\$ <u>.</u>	5.00 May Be
City & State		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip		Country	8. This corporation has liability for i	ntangible tax und	ers 199.032,
4	25	29	30		Florida Statutes X Yes 10. Name and Address of New R	No	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New 1	egistered Ago	·
	RS, CLAUD			82 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
477 PICKFORD POINT				83			
LONGV	VOOD FL 32779				A 107	0.5	Zip Code
				84 City	ration submits this statement for the pure	PL!	
SIGNATURE _	Signature, Typical or printed number of registered agen	e or at the contract of the	* (OT) - (C) - (C)	terari Agent signature require	The book transfer book	DA*t	
				13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
12.	OFFICEHS AN	ID D'RECTORS			ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	
12. TitlE		ID D'RECTORS	LETE	13.	ADDITIONS/CHANGES TO OFF		
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12. TITLE NAME	PD BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD FL	ID D'RECTORS	LETE	13. 1 1 THLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CHY-SI-2P	ADDITIONS/CHANGES TO OFF	□ Ch₂	ange [] Addition
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eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under It is it the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is a parantment with an address. certify that the information inercaped on oath; that I am an officer of director of appears in Block 12 or Block

SIGNATURE:

Claud Bowers

4/5/96 (407) 786-2777...