FILE NOW: FILING FEE AFTER MAY 1 IS \$2 00

PROFIT CORPORATION ANNUAL REPORT



STATE FLORIDA DEPARTMEN Sandra B. Morth

Secretary of St DIVISION OF CORPO SMC

1996

DOCUMENT #
1. Corporation Name P94000020145 (6)

GENNA JEWELERS, INC.

FILED Apr 29 1996 8:00 am Secretary of State



Principal Plac	e of Business	Nation Address			
		Mailing Address			. aanti aatte testi stett tibit Statt bill iff
4/11 BAE STE. 32	COCK STREET N.E.	4711 BABCOCK S	street n.e.		
	Y FL 32905	STE. 32 Palm bay fl 32905			
		THEM DATE IS SE	300	Date Incorporated or Qualified	3a. Date of Last Report
2 Principal C	loop of B with			03/11/1994	05/23/1995
Principal Place of Business 21		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		. 26		59-3230112	Not Applicable
22	., 010.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	е	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	C:7	8. This corporation has hability for	Added to Fees
24	25	29	30	Florida Statutes	es No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	
i I			31 Name		Tragilita Agent
GENN	ia, pete		32 Street Ad	(0.0.0.	
4711	BABCOCK STREET N.E.		Street Ac	ddress (P.O. Box Number is Not Accepte	ible)
STE. 3	32		93		
PALM	BAY FL 32905		51		
			34 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes the ae-named cord	poration submits this statement for the popular of directors.	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Saction	a. Such change was author	rized by the rporation's be	poration submits this statement for the paper pard of directors. I hereby accept the ap	pointment as registered agent. Lan
SIGNATURE		The state of the s	85		- 0
- SIGNATURE	Signature, types or printed name of region red agent a	rod Ster Calogno, absert of	VCH: Registe/final signature recu	ite il when regestations	DATE
12.	OFFICERS AND	DIRECTORS	13	4	FICERS AND DIRECTORS IN 12
TIFLE	PTD	☐ DELETE	1 E		Change Addition
NAME	genna, pete		12		
STREET ADDRESS	501 POINSETTIA ROAD		1 3 ET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 329	951	1 ST-ZIP		
TIFLE	VSD	☐ DELETE	2		Change Addition
NAME	genna, kateri e		2		
STREET ADDRESS	501 POINSETTIA ROAD		2 LI ADDRESS		
CITY - ST - ZIP	MELBOURNE BEACH FL 329	951	2 K ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3		☐ Change ☐ Addition
NAME			3.		E Annual E MONITOR
STREET ADDRESS			3 SEE! ADDRESS		
CITY-ST-ZIP			3 / ST-ZIP		ł
TITLE		☐ DELETE	4 1		☐ Change ☐ Addition
NAME			4 :		surrage naddition
STREET ADDRESS			4. ET ADDRESS		
CITY - ST - ZIP			4 ST 7/P		
TITLE	·····	DELETE	5		Change Addition
NAME			5		
STREET ADDRESS			5 :T ADDRESS		
CITY - ST - ZIP			5 ST-7IP		
TITLE		☐ DELETE	6		Change Addition
NAME			6.		The state of the s
STREET ADDRESS			€		İ
CITY-ST-ZIP			6 - ST-ZiP		
14. I do hereby	certify that the information supplied will	his filma is voluntable form	shed a PS not qualify	for the exemption stated in Section 110	07/0/11 =

certify that the information indicated on this annual report or supplemental annual rapid oath; that I am an officer or director of the corporation or the receiver or trustee empoy appears in Block 12 or Block 13 if changed, or on an attachment with an address.

es not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further use and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIR

4-19-96 407-984-1624