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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400026542 (8)

i. Corporation	n Name JEWELERS, INC	30020042 (0	')						
Principal Place of Business Mailing Address						-	i <b>es</b> ili <b>as</b> il <b>a</b> (i)	I <b>o e</b> nda toki	EIEIE IIII IIII
	s Drth Tower Etersburg Fl 33701		100 2ND AVE S SUITE 400 NORTH TOWER NORTH ST PETERSBURG FL 33701						
						3. Date Incorporated or Qualified 04/07/1994			
21	ace of Business	2a. Mailing Address 26	F1			4. FEI Number 59-3249086	·!	$\vdash$	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	[]		Additional Required
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
Zip 24	Country 25	Zip 29	Country 30			Trust Fund Contribution  Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No			
<u>1</u>	9. Name and Address of Cur		1301			10. Name and Address of New		Agent	
				B1 Nan				190111	
FELDER, BENJAMIN				82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
100 2ND			L			5 ( 10. Dox Hamber to Not / Cooptable)			
	00 NORTH TOWER ST PETERSBURG FL 33701		83						
NOTHING OF LECTION OF THE GOTO			-	64 City		FL 85 Zip Code			
SIGNATURE _	or, and accept the obligations of, Si	ection 607.0303, Fidina Statute	S.			tion submits this statement for the pu of directors. I hereby accept the app		nging its r registered	egistered office agent. I am
12.	Signature, typed or printed name of registered as	pent and title if applicable (N AND DIRECTORS	OTE Registered A	gent signatu	re required v		DATE	DIRECTO	
TITLE	D	DELETE	13. 1. 1 TIT	F	<del></del>	ADDITIONS/CHANGES TO OF		Change	RS IN 12
NAME	BOSMAN, BETH A			1.2 NAME			L	1 Orlange	☐ Addition
STREET ADDRESS	P.O. BOX 68 N/A			13 STREET ADDRESS					
CITY - ST- ZIP	LARGO FL			/-ST-ZIP					
TITLE				2. 1 TITLE				) Change	☐ Addition
NAME			2 2 NAN	1E					_
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CITY-ST-7IP			2.4 CITY	-ST-ZIP	<u> </u>				
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STREET ADDRESS				EET ADDRES	e				
CITY-ST-ZIP				- ST - ZIP	' ]				
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NAME			5.2 NAM				_	<b>,</b>	
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CITY-ST-ZIP			1	- ST - ZIP					
TITLE		☐ DELETE	6. 1 T(T)		<b>T</b>			] Change	Addition
NAME			6.2 NAM	E			_	-	
STREET ADDRESS			6.3 STRE	ET ADDRES	,				
CITY-\$1-ZIP 6.40				-ST-ZIP					
14. I do hereby	certify that the information supplie	d with this filing is voluntarily furn			ualify for	the exemption stated in Section 119	07/3\/L\ Eloz	do Ctotud	n I further

certify that the information indicated on this annual report of 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:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Degline Proce

CR2E034 (12/95)