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 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027645 (8)**

1. Corporation Name:
FLORIDA GOLD JEWELERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business:	Mailing Address:
505 DODECANESE BLVD TARPON SPRINGS FL 34689	505 DODECANESE BLVD TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0488132	☐ Applied For ☐ Not Applicable
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIKALEF, ANTHIPI 505 DODECANESE BLVD TARPON SPRINGS FL 34689	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: X A Mikalef

(Signature of new registered agent, if changed) (Name of new registered agent, if changed, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKALEF, ANTHIPI 1140 RIDGEGROVE DRIVE SOUTH PALM HARBOR FL 34683	11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my/our signature(s) on this report complies with the requirements of Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address.

SIGNATURE: X A Mikalef 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0367473 CP