

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 AUG -4 AM 10:14

**DOCUMENT # P94000029996 (3)**

1. Corporation Name  
**TANASHIAN JEWELERS, INC.**

Principal Place of Business Mailing Address  
**515 E ALTAMONTE DR ALTAMONTE SPRINGS FL**      **515 E ALTAMONTE DR ALTAMONTE SPRINGS FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/18/1994**      3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Zip 30 Country

4. FEI Number **59-2556152**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. 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**

**TANASHIAN, HAGOP  
515 E ALTAMONTE DR  
ALTAMONTE SPRINGS FL**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate.)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **DP**  
NAME **TANASHIAN, HAGOP**  
STREET ADDRESS **515 E ALTAMONTE DR**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**  
TITLE **DST**  
NAME **TANASHIAN, VERGINIA**  
STREET ADDRESS **515 E ALTAMONTE DR**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME **TANASHIAN, VERGINIA**  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 110.07(3)(4), 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 007, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (3/95)