## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place	SSANCE JEWELRY CO., I	NC.  Mailing Address 2050 40 AVE				
VERO BEACH FL 329(2) VERO BCH FL 329(2)				DO NOT WRITE IN THIS SPACE		
US DENOM	The season	US US		3. Date Incorporated or Qualified 09/13/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	·	4. FEI Number		Applied For
21		26		65-0523907		Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
City & State		City & State			<del></del>	e Required
23	,	28		Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zin	Country	7	Country	8. This corporation owes or has p		
Z4 "J 29	25	- 274/A	30	Personal Property Tax due Jun		☐ No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New R	Registered Agent	
PE	LTIER, PATRICIA	CONCLA Drive	81 Name			
	<del>o Caprona S</del> T 632 Bastian FL 32958		82 Street Add 83 84 City	dress (P.Q. Box Number is Not Accepta		Zip Çоде
11. Pursuant t	to the provisions of Sections 607.0 agistered agent, or both, in the Stam familiar with, and accept the ob-	502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the	purpose of changi	ng its registered
SIGNATURE						nt as registered
SIGNATURE	Signature, typed or printed name of registered		nutnorized by the corpora prida Statutes.  Registered Agent signature requ		DATE	
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE	TORS IN 12
SIGNATURE	Signature, typed of printed name of registered OFFICERS A  DP TURGEON, DAVID	agent and title it applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE	TORS IN 12
SIGNATURE  12. TITLE	Signature, typed of printed name of registered OFFICERS A  DP TURGEON, DAVID 1273 GEORGE ST	agent and title it applicable (NOTE	Registered Agent signature required.  13.  1.1 TITLE	uired when reinstating)	DATE	TORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed of printed name of registered OFFICERS A  DP TURGEON, DAVID 1273 GEORGE ST SEBASTIAN FL	agent and tille it applicable (NOTE AND DIRECTORS	Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	uired when reinstating)	DATE  ICERS AND DIRECT  Cha	TORS IN 12
SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY-SI- ZIP TITLE	OFFICERS A  OFFICERS A  DP  TURGEON, DAVID 1273 GEORGE ST  SEBASTIAN FL  DST	agent and title it applicable (NOTE	Registered Agent signeture required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT Cha	TORS IN 12
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Apr 16 1998 8:00am

Secretary of State