SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073369 (8)**

1. Entity Name

M & D JEWELRY OF LAKE PLACID, INC.

Principal Place of Business

126 INTERLAKE DR
LAKE PLACID FL 33852

Mailing Address

126 INTERLAKE DR
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1994**

3a. Date of Last Report:

4. FEI Number: 59-3155110 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Fax Number (Optional) ☐ **$5.00** May Be Added to Fees

8. This corporation has solely its principal place of business in Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LORENZO, MARIA D
260 HUNTLEY DR S.
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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 Section 607.0505, 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

12. OFFICER AND DIRECTOR

D
LORENZO, MARIA D
260 HUNTLEY DR S.
LAKE PLACID FL 33852

13. ☐ Change ☐ Addition

400001548134
-07/27/95--01084--017
*****225.00 *****225.00

7/26/95 MS

14. I hereby certify that the information supplied with this report is true, complete and accurate, and that, not paid, for the corporation named in Section 607.0505, Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report that I am executing 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 above, or on an attachment with an arrow.

SIGNATURE: Maria D. Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95 (813) 465 3433

CR2E034 (3/95)

0180431 FP