## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000074091 (7)

VAN'S JEWELERS, INC.

Suite April # rec   Suite Additional   Series   St. Confidents of Series   St. Co	771110	CIVELETIO, IIIO.									1 <b>5</b> 4 <b>6</b> 01 <b>81</b> 01 <b>0</b> 7 <b>810</b> 1 2401 1 <b>66</b> 1	
2. Principal Place of Business 2. All Maring Address 2. Principal Place of Business 3. Date Incorporated or Qualified 3. Date of Last Report 1901/1995 4. FELLINGARD 5. Sold Application 6. Crop 6. State	Principal Place	e of Business	Mailing Address					- 1 2011/2011/10 10 10 10 10 10 10 10 10 10 10 10 10 1				
1901/1985	****											
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Suite April # rec   Suite Additional   Series   St. Confidents of Series   St. Co	<del></del>			2a. Mailing Address								
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29	22 Suite, Apr.	#, etc.	27	<del> </del>					5. Certificate of Status Desired		T	
Zep	<u> </u>			<u></u> <del></del>								
25   29   30		The state of the s			Country							
TRAN, LONG VAN 1241 SEMORAN BLVD. CASSELBERRY FL 32707  82 Street Address (PO Box Number is Not Acceptable)  11. Pursuant to the provision: of Sections 607 0502 and 607 1509 florids Statutes the amount of the purpose of changing state as registered office or registered agent or both in the State of Florids. Section 607, 605, hocks. Statutes  SIGNATURE  12. OT FLOETS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. DO THOURS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TRAN, LONG VAN  17. SET ADDRESS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFF	24	25 29 30										
TRAN, LONG VAN 1241 SEMORAN BLVD. CASSELBERRY FL 32707  B4												
1241 SEMORAN BLVD.   82   Street Address (PO Box Number is Not Acceptable)	TRAN LONG VAN							1 Name				
11. Pursuant to the provision of Sections 607 0502 and 607 1508. Florida Statistics. The above named compropriors submits this statement for the purpose of changing als seg-stered office or registrated agent on tenth, within 5 state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appropriate as registered office of tenths with and accept the obligations of Section 607/0005. Florida Statistics.    12	1241 SEMORAN BLVD.				82 Street A			eet Addre	ress (P.O. Box Number is Not Acceptable)			
Pursuant to the provisions of Sections 607 0502 and 607 1508 Floridal Statutes, the anove earned corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Floridal Statutes agent tain familiar with, in the State of Floridal Statutes (Floridal Statutes)	CA	ISSELBERRY FL 32707				83						
11. Persuant to the provision of Sections 607 0502 and 607 1508   floridal Statutes, the above named corporation submits this stationent for the purpose of changing is registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Floridal Statutes.    12.						84	Cit	y		<b>E</b> 1	85 Zip Code	
agent 1 smillare with, and accept the displaces of school and sceep the displaces of school and sceep the displaces of school and accept the displaces of school accept accept the accept accept the accept the accept acc	11. Pursuant to the provision: of Sections 607 0502 and 607 1508 Florida Statutes, the above named corrections in the citational by the pursuant to the pursuant to the pursuant to the citational by the pursuant to the purs											
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.	onice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered.											
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
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13 STREET ADDRESS   1241 SEMORAN BLVD.	NAME			•						Ĺ		
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City-St-ZiP												
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CHY-ST-ZIP  64 CHY-ST-ZIP  64 CHY-ST-ZIP  14. Ldo hereby certify that the information supplied with this filingly voluntarily furnished and does not qualify for the expression stated in Section 1.13 07(201). Flores Stated							ADORS	ss				
14. I do hereby certify that the information supplied with this filling's voluntarity furnished and does not qualify for the exemption stated in Section 119 07/29U.) Flored Stated in						6.4 C1TY - ST - 7IP						
further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if	14. I do bereb	y certify that the information supplie	d with thi	s filing s voluntarily fo	unished	l and c	loes	not qualify	for the exemption stated in Section	119 07(3)(k)	, Florida Statutes I	

further certify that the information indicated on this annual redort or supplemental agreed report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of or an attractment with an address

SIGNATURE: \_\_\_\_\_\_

AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/96 (407) 679-4160