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

Mailing Address

10120 BRIAR CIRCLE

HUDSON FL 34667-6601

Profit Corporation Annual Report

1997

Principal Place of Business

10120 BRIAR CIRCLE

HUDSON FL 34867



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

3-24-97 (213)869-1233

3. Date Incorporated or Qualified 3a. Date of Last Report

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000078411 (3)

NATURE COAST JEWELRY DISPLAY, INC.

						10/24/1994	05/01/1996				
-	Principal F	lace of Business	<b>├</b> ──	Mailing Address			4. FEI Number		Ar	oplied For	
21			26				65-0534456		No	ot Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22	- Ci - 0 Ci -		27	0					Fee Re	equired	
Ь.,	City & Stat	16	<u> </u>	City & State			6. Election Campaign Financing		\$5.00	May Be	
23	7		28				Trust Fund Contribution		Added	to Fees	
	Zip	Country	<u> </u>	Zip Cour		,		8. This corporation has liability for intangible tax under s. 199.032,			
24		25 29 30 30			30		Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name					
BOCTONEN, DEMBE					"	Name					
10120 BRIAR CIRCLE					82	82 Street Address (P.O. Box Number is Not Acceptable)					
HUDSON FL 34667					-	83					
					63						
								FL	<b>65</b> Zip	Code	
11	. Pursuant	to the provisions of Sections 607	0502 and 60	7 1508 Florida Statute	es the above	a-named co	progration enhants this statement for the		Observe it	o registered	
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.											
Si	SIGNATURE Signature type-dipromited period of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12		OFFICERS	AND DIRECT	ORS	13.	·····	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12	
TIT	t E	PSD		DELETE	1.1 TITLE				Change	Addition	
NA.	ME	BOETTCHER, DENISE			1.2 NAME						
STF	REEL ADDRESS	10120 BRIAR CIRCLE			1.3 STREET	ADDRESS					
CIT	Y-\$1-7IP	HUDSON FL			1.4 CITY-S	T-ZIP					
TIT	ı f			☐ DELETE	2.1 TITLE			<del>· · · · · · · · · · · · · · · · · · · </del>	Change	Addition	
NAI	Νέ				2.2 NAME						
STF	RELEADORLSS				2.3 STREET	ADDRESS					
CIT	V-S1-7iP				2. 4 CITY-	ST-ZIP					
Tito	ιE			DELETE	3.1 TITLE				Change	☐ Addition	
NA	ME				3.2 NAME						
STE	REE1 ADDRESS				3.3 STREET	ADDRESS					
CIT	v-\$1-7iP				3.4. CITY-5	ST-ZIP					
1/10	LF			DELETE	4.1 TITLE				Change	Addition	
NA	ME				4. 2 NAME				-		
\$1F	REET ADDRESS				43 STREET	ADDRESS					
CIT	Y- \$1 - 7:P				44 CITY-S	T-ZIP					
1:11	I E			DELETE	51 TITLE				Change	Addition	
NA	ME				52 NAME						
S16	REET ADORESS				5.3 STREET	ADDRESS					
CIT	Y - \$1 - 2(1)				5.4 CITY - S	r-zip					
T(T)	F			DELETE	61 TITLE				Change	Addition	
NAM	VIE .				6.2 NAME				-		
SIR	CELADORESS				6.3 STREET	ADDRESS					
CIT	Y-S1-2IP				6.4 CITY - S						
14	. I do herel	by certify that the information supp	olied with this	filing does not qualif	y for the eve	motion state	ed in Section 119.07(3)(i), Florida Stat	utes. 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 607, Florida Statutes; and that my name										