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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000082938 (9)

1. Corporation Name  JEWELS BY CHRISTIANIA OF SARASOTA, INC.  Principal Place of Business  Malling Address  2941 CAPTIVA WAY SARASOTA FL 34231  SARASOTA FL 34231  SARASOTA FL 34231-6919									
							3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996		
2. Principal F	lace of Business		h	2a. Mailing Address 26			4. FEI Number Applied For 65-0570240 Not Applicable		
Suite Apt.	#, etc		Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred Fee Regulred		
City & Stat			[27] City	City & State			6. Election Campaign Financing \$5.00 May Be		
23			28	······································			Trust Fund Contribution Added to Fees		
Zip 24	Zip Country			Zıp 29			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
[24]		Address of Co	urrent Registere	d Agent	30	····	10. Name and Address of New Registered Agent		
URC	IUOLI, BEN				81	Name	6		
294			82	Street	at Address (P.O. Box Number is Not Acceptable)				
SAH	ASOTA FL 342	31		83			The state of the s		
					84	City	85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registored agent, or both, in the State of Florida. Such change was authoriz agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida St</li> </ol>					I .		FL M		
SIGNATURE  12.  THE		inted name of register	ed agent and lifte if app S AND DIRECTOR	licable (NO			Je required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
NAME STREET ADDRESS CITY+S1-ZIP	URCIUOLI, B 2941 CAPTIV SARASOTA I	/A WAY				ADDRESS	5		
THLE NAME STHEFT ADDRESS	·			☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET		VP URCIUOLI, PAUL S 2941 CAPTIVA WAY SARAJOTA, FL 34231		
CITY-S1-7P					2.4 CITY-	ST-ZIP	SARAJOTA, FL 34231		
TITLE NAME	j			☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition		
STHEET ADDRESS					3.3 STREET	ADDRESS			
City-S1-ZiP					3.4. CITY-				
TITLE				DELETE	4.1 TITLE		Change Addition		
NAME CONCLEADED					4. 2 NAME 4.3 STREET	ADDDCCC			
STREET ADDRESS City-ST-ZIP					4.4 CITY-S				
TITLE				DELETE	5.1 TITLE	i kn	Change Addition		
NAME					5.2 NAME				
STHEET ADDRESS					5.3 STREET		s		
CITY-ST-7.P	ļ			☐ DELETE	5.4 CiTY-S 6.1 TITLE	T-ZIP	Change Addition		
NAME				□ orrest	6.2 NAME		Change C Addition		
STREET ADDRESS	}				6.3 STREET	ADDRESS	8		
City-St-ZiP					6.4 CITY - S				

14. It do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 If changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Daytime Phone #

**FILED** 

May 09 1997 8:00am

Secretary of State

R2E034 (9/96)