


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90046 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000001648 (1) ✓			
1. Corporation Name ARJEWEL, INC.			
Principal Place of Business 6319 Brandon Street Palm Beach Gardens, FL 33418-1492		Mailing Address c/o Bryden Management 1408 Providence Hwy. Suite #224 Norwood, MA 02062	
2. Principal Place of Business		2a. Mailing Address	
21		26	1408 Providence Hwy.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	Suite #224
City & State		City & State	
23		28	Norwood, MA
Zip		Zip	
24		29	02062
Country		Country	
25		30	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Rampell, Richard 122 N County Rd Palm Beach, FL 33480		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 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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, MARK	1.2 NAME	
STREET ADDRESS	59 WALNUT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY, CA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROBERT	2.2 NAME	
STREET ADDRESS	2065 EILENE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON, CA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, PAUL	3.2 NAME	
STREET ADDRESS	95 CLINTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE, MA	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, MICHAEL	4.2 NAME	
STREET ADDRESS	6319 BRANDON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIE COMEAU	5.2 NAME	
STREET ADDRESS	52 ELM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FOXBORO, MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

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

FRANCIE COMEAU, ASSISTANT SECRETARY

5/27/99

Date

(781) 762-2522

Daytime Phone #

CR2E034 (11/98)