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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038217 (2)

M.L.O. JEWELERS, INC.

FILED Apr 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						I SBAITBAI NIA IAIAN ANNI ABNIL ABNIL ABNIL ABNIL ININ IBNIL II III II
10601 SAN JO	10801 SAN JOSE BLVD	SAN JOSE BLVD				
SUITE 4.5.6		SUITE 4.5.6				DO NOT MOTE IN THIS SPACE
JACKSONVILLE FL 32256		JACKSONVILLE FL 3225	JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						05/11/1995
2. Principal Pla	2a. Mailing Address				4. FEI Number Applied For	
21	Job of Eddinoss	26				59-3314698 Not Applicable
Suite, Apt. #	f. etc.	Suite, Apt. #, etc.				¢0.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution
Zip	Country Zip		Countr	Country		8. This corporation owes or has paid the current year Intangible
24 25		29	30			Personal Property Tax due June 30. X Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
OSSI, MARGO L			81	81 Name		
	001 SAN JOSE BLVD		82 Street A		Street Addr	ress (P.O. Box Number is Not Acceptable)
	TE 4,5,6					
JAC	CKSONVILLE FL 32256		83	ا'		
			84	1	City	85 Zip Code
						FL s 25 coo
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 Stonature typed or printed harve of registered guinnt and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
				legistered Agent signature requ		red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D OFFICERS AF	DELETE	1.1 TITLE			Change Addition
NAME	OSSI, MARGO L	Land 5000.12	1.2 NAME			
STREET ADDRESS	2248 SARAGOSSA AVE				NDDBECC	
	JACKSONVILLE FL 32217		1.3 STREET ADDRESS 1.4 City - St - Zip			
CITY-ST-ZIP TITLE	D	DELETE			· EIP	Change Addition
NAME	OSSI, KENNETH A		2.2 NAME			
STREET ADDRESS 2130 SAN MARCO BLVD #6		ß	2.3 STREET ADDRESS		DOBESS	
CITY-ST-ZIP JACKSONVILLE FL 32207		•	2. 4 CITY - ST - ZIP			
TITLE	011011001111100011001001	DELETE	3.1 TITLE		-211	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		IDDRESS.	
CITY-ST-ZIP			3.4. City-St			
TITLE		☐ DELETE	4.1 THTLE			Change Addition
NAME			4. 2 NAM			_ · ·
STREET ADDRESS			4.3 STREE		ADDRESS	
CITY+ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - 2IP			
TITLE		DELETE				Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		IDDRESS	
CITY-ST-ZIP			6.4 CITY-			
14. I hereby co	ertify that the information supplied	with this filing does not qualify f	for the exem	otio	ion 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.						