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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000038217

1. Corporation Name

M.L.O. JEWELERS, INC.

Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90058 005 ***150.00



Principal Place	of Business	Mailing Address				\$ (88)(88) 118 1818) B3111 88131 88111 88111 98111	1 1841 0 15887 118		
10601 SAN JOS SUITE 4.5.6 JACKSONVILLE		10601 SAN JOSE BLVD SUITE 4.5.6 JACKSONVILLE FL 32256,				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						05/11/1995	 		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		ed For	
21		26				59-3314698		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	8.75 Add Fee Requ		
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28	28						
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intang	ible		
24	25	29	30			Personal Property Tax.	Yes 🗆	No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	ent		
OSSI, MARGO L				81	Name				
10601 SAN JOSE BLVD				82	Street A	iress (P.O. Box Number is Not Acceptable)			
SUITE 4,5,6				83			^		
JACI	KSONVILLE FL 32256			L					
				84	City	FL	35 Zip Coo	de	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa	is authorized	i by t	the corpor	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointm	nging its regent as regis	gistered tered	
SIGNATURE									
					signature rec	quired when reinstating) DATE	VDECTOR(2 154 42	
12.	D DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND E		Addition	
TITLE	<u></u>			-			Johange		
NAME	OSSI, MARGO L			1.2 NAME					
			1.35	1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32217			TY-ST	-ZIP				
TITLE	D ·	☐ DELETE	2.1 1	TLE		. E] Change	☐ Addition	

OSSI, KENNETH A 2.2 NAME NAME 2130 SAN MARCO BLVD #6 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 2. 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 9 * 3 13 . U 20 6.2 NAME NAME 41 BBG 1 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 a attachment with an address, with all other like empowered.

SIGNATURE: