

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040985 (0)

1. Corporation Name

JEWELS PLUS, INC.

Principal Place of Business

**16251 GOLF CLUB ROAD STE 209
FORT LAUDERDALE FL 33326**

Mailing Address

**16251 GOLF CLUB ROAD STE 209
FORT LAUDERDALE FL 33326**



2. Principal Place of Business

21 **2509 BAY ISLE DR**

Suite, Apt. #, etc.

22

City & State

23 **FORT LAUDERDALE**

Zip

24 **33327**

Country

25

2a. Mailing Address

26 **2509 BAY ISLE DR**

Suite, Apt. #, etc.

27

City & State

28 **FORT LAUD FL**

Zip

29 **33327**

Country

30

g. Name and Address of Current Registered Agent

**TRINKLER, ELAINE S
16251 GOLF CLUB ROAD STE 209
FORT LAUDERDALE FL 33326**

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

4. F.I. Number

65 05 87-842

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0507 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The hereby agrees to the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Elaine Trinkler

4/9/96

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

TRINKLER, ELAINE S

STREET ADDRESS

**16251 GOLF CLUB ROAD STE 209
FORT LAUDERDALE FL 33326**

CITY-STATE-ZIP

TITLE

SD

NAME

TRINKLER, ELAINE S

STREET ADDRESS

**16251 GOLF CLUB ROAD STE 209
FORT LAUDERDALE FL 33326**

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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 it made under oath, that I am an officer or director of the corporation or the receiver or trustee or person in possession or control of the corporation, and that my name appears in Block 12 or Block 13 or changed or on an attachment with a check.

SIGNATURE:

Elaine Trinkler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

Page 1 of 2

CR2E034 (12/95)