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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043173

JEWEL ANTIQUE MALL, INC.

Principal Place of Business	Mailing Address
2601 JEWEL ROAD BELLEAIR BLUFFS FL 33770 US	2601 JEWEL ROAD Belleair Bluffs fl 24640 :
,	

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90196 029 ***150.00



	·						
Principal Place of Business Mailing Address				F 400(100) 510 19181 Ott 80111 BBIT BBIT BBIT BBIT BBIT BBIT BBIT B			
2601 JEWEL ROAD BELLEAIR BLUFFS FL 33770 US 2601 JEWEL ROAD BELLEAIR BLUFFS FL 34640- US		33770		DO NOT WRITE IN THIS	S SPACE		
03					3. Date Incorporated or Qualifed		
	•				05/30/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3349241		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27					Required
City & Stat	e	City & State			6. Election Campaign Financing	•	May Be
23		28	Country		Trust Fund Contribution		d.to.Fees
Zip	Country	— ~~~ ~ ~ —	Country	y	This corporation owes the current year In Personal Property Tax.	Yes	∑X No
24	9. Name and Address of Curren	<u> </u>			10. Name and Address of New Registered		
•	a. Hame and Address of Culter	1 traffiction village	81	Name			
SPEI	NCER, LEONARD J			0			
<i>;</i> 111	24TH ST		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BELL	LEAIR BEACH FL 33786		83	3			
	,		_			OE 76	p Code
`			84	City	Fl	85 Zig	b Code
office or r	egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was author	rized by	/ the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing i intment as	its registered registered
SIGNATORE	Signature, typed or printed name of registered ager	A 4	stered Age	ent signature required			
12.	T****		13.	· · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
TITLE	D		1.1 TITLE			Containing	e 🗆 Addition
NAME	SPENCER, LEONARD J		1.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	BELLEAIR BEACH FL		1.4 CITY-S 2.1 TITLE	ST-ZIP		☐ Chang	e Addition
TITLE	b .		2.1 IIILE 2.2 NAME				
NAME	SPENCER, JANIS B						
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	BELLEAIR BEACH FL 33786		2. 4 CITY-1 3.1 TITLE	S1-ZIP		Change	e Addition
TITLE	1		3.2 NAME				_
NAME STREET ADDRESS	· -	`		ET ADDRESS			
			3.4. CITY-				1
TITLE			4.1 TITLE			Chang	e Addition
NAME			4 2 NAME	.	•		
STREET ADDRESS				ET ADDRESS .			
CITY-ST-ZIP			4.4 CITY-5				
TITLE .			5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS		j	5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e 🗌 Addition
NAME			6.2 NAME				ļ
STREET ADDRESS		1	6.3 STREE	ET ADDRESS			ļ

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

J. SPENCER