PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

96 SEP 23 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069074

1. Corporation Name

Lifestyles Hollywood Jewelry, Inc.

Principal Place of Business / Mailing Address

931 Wekiva Springs Rd.
Longwood, FL. 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified | 4. Date of Last Report

5. FEI Number 59-336-0479 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

7. Is this corporation filing for liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

81 Name

82 (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

10. 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 John R. Snow John R. Snow 8/13/96
(Typed or printed name of registered agent) DATE

11. OFFICERS AND DIRECTORS

TITLE	Sidney Yost, President
NAME	
STREET ADDRESS	931 Wekiva Springs Rd.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	John R. Snow Secretary
STREET ADDRESS	931 Wekiva Springs Rd.
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. FOR OFFICE USE ONLY

1.1 TITLE	☐ Change ☐ Addition	700001973667--0
1.2 NAME		-10/15/96--01051--003
1.3 STREET ADDRESS		****225.00 ****225.00
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change ☐ Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change ☐ Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change ☐ Addition	MWB 10-9-96
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change ☐ Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/95)

13. I hereby certify that the information supplied with this filing is absolutely true and correct and 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 filed is true and complete 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 above, or on an attachment with an X in Block 13.

SIGNATURE John R. Snow Secretary John R. Snow 8/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

904-788-0664