

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV 18 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *OK*

DOCUMENT # P95000070765 (9)

1. Corporation Name

VILLAGE JEWEL SALES, INC.

Principal Place of Business

Mailing Address

14047 HAPPY HILL ROAD
DADE CITY FL 33525

14047 HAPPY HILL ROAD
DADE CITY FL 33525

2. Principal Place of Business

2a. Mailing Address

21 14125 SEVENTH ST.
Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 DADE CITY FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33525

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUMIL, JON L
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525

01 Name Joel T Patterson CPA
02 Street Address (P.O. Box Number is Not Acceptable)
3302 Azalea St # 300
03
04 City Tampa FL 05 Zip Code 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Joel T Patterson
Signature, typed or printed name of registered agent and title if applicable.

Joel T Patterson
(NOTE: Registered Agent signature required when reinstating)

CPA
DATE: 11/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 SATZ, JEFFREY L
14047 HAPPY HILL ROAD
DADE CITY FL 33525

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800002011048-4
-11/21/96--01044-012
***375.00 ***375.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joel T Patterson
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

9/23/96

352-567-2378
Daytime Phone