

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000071751 (8)**

1. Corporation Name
ELITE EXOTIC BODY JEWELRY, INC.



Principal Place of Business: **PO BOX 760 CRYSTAL SPRINGS FL 33524-0760**
Mailing Address: **PO BOX 760 CRYSTAL SPRINGS FL 33524-0760**

3. Date Incorporated or Qualified: **09/14/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 20705 US 301**
2a. Mailing Address: **26 20705 US 301**

4. FEI Number: **59-3335603**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Dade City FL**
City & State: **27 Dade City FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33525** Country: **25 Pasco**
Zip: **29 33525** Country: **30 Pasco**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FENSTER, EDWARD W JR
1743 PARTRIDGE BLVD.
CRYSTAL SPRINGS FL 33524-0760**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **20705 US 301**
83
84 City: **Dade City** State: **FL** Zip Code: **85 33525**

11. 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: _____ (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, EDWARD W JR	12 NAME	
STREET ADDRESS	1743 PARTRIDGE BLVD.	13 STREET ADDRESS	20705 US 301
CITY-ST-ZIP	CRYSTAL SPRINGS FL 33524-0760	14 CITY-ST-ZIP	Dade City FL 33525
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, SARA R	22 NAME	
STREET ADDRESS	1743 PARTRIDGE BLVD.	23 STREET ADDRESS	20705 US 301
CITY-ST-ZIP	CRYSTAL SPRINGS FL 33524-0760	24 CITY-ST-ZIP	Dade City FL 33525
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward W. Fenster Jr.* **EDWARD W. FENSTER JR. (DIRECTOR)**
Date: **5/13/96** 352 583-4747

CR2E034 (12/95)