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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074167 (4)

DISPLAYS FOR JEWELRY, INC.

| Principal Place of Business Mailing Address | | | | | · · · · · · · · · · · · · · · · · · · | I HEBULDON LIKO NORAL BURKU BURKU ARAKK DANKA BURKU RABKU BARBU ARAKK BURKU BURKU ARAKU RABKI HOBA | | | |
|---|--|--|---|----------------------|---|---|--|--|---|
| 145 WATTS ST JACKSONVILLE | FL 32204 | 145 WATTS ST Jacksonville fl 32204-1845 | | | | | | | |
| MONDONNELL | 1 6 00007 | enonoonnaa 12 vaa | V7 1070 | | | Date Incorporated or Qualified 09/25/1995 | | ate of Last R 21/1996 | leport |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | | 13-3781579 | | No | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip 24 | Country 25 | Z(p) | Country 30 | | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 241 | 9. Name and Address of Curr | | [30] | | | 10. Name and Address of New Re | | | |
| KAUI | FMAN, LEON | The second secon | | B1 | Name | | | | |
| | WATTS ST | | - | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | *************************************** |
| JACK | (SONVILLE FL 32204 | | ŀ | вз | | | | | |
| | | | | 84 | City | | | 85 Zip | Code |
| 44 Diversel | to the raying one of Continue 2017 fu | 602 and 607 1609 Florida St | atulos the ob | | , | poration submits this statement for the p | FL | . ` | |
| office or r | to pile provisions or Sections 602.to registered agent, or both, in the Sta on Jamiliar with, and accept the obli | ite of Fiorida. Such change w | as authorized | i by ' | the corpora | tion's board of directors. I hereby accep | orpose of it the app | ointment as | registered |
| , | ин тапивал with, апо ассерстве оол | igations of, Section 607.0505 | , rionda Siait | nes. | | | | | |
| SIGNATURE | Signatus impérios pendidos miero y denas | agent and tide it spps cable (| (NOTE: Registered | Agen | t signature requ | ired when reinstating) | DATE | *************************************** | |
| 12. | | ANO DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | |
| TIT1.E | P | DELETE | 1 1 TIT | LE | | | | ☐ Change | Addition |
| NAME | KAUFMAN, LEON | | 1 2 NA | ME | | | | | |
| STREET ADDRESS | 145 WATTS ST | | 1.3 STF | REETA | ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | DELETE | 1 4 CIT | | - ZIP | | | T I Change | T Ladeline |
| TITLE NAME | | L.J DECETE | 2 1 TIT 2 2 NA | | | | | Change | Addition |
| STREET ALTORESS | | | | | ADDRESS | | | | |
| City-St-ZiP | | | 2.4 CI | | i i | • | | | |
| Title | | DELETE | 3 1 TIT | | - 211 | | | Change | Addition |
| NAME | | | 3 2 NA | ME | | | | | |
| STREET ADDRESS | | | 33 STF | REET A | ADDRESS | | | | |
| GHY-ST-ZIP | | | 3.4 CI | TY-ST | r-2IP | | | | |
| TITLE | | ☐ DELETE | 41 717 | LE | | | | ☐ Change | Addition |
| NAME | | | 4. 2 NA | MF | | | | | |
| STREET ADDRESS | | | 4.3 \$1F | REET A | ADDRESS | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CIT | | - ZIP | | | Change | Addition |
| NAME | | ☐ DECEIE | 5 1 TIT 5.2 NA | | | | | Change | Addition |
| STEEL* ACORESS | | | | | ADDRESS | | | | |
| City-St ZiP | | | 5.4 CII | | | | | | |
| TITLE | | DELETE | 61717 | | | | | Change | Addition |
| NAME | | | 6 2 NA | ME | | | | | |
| STREET ASORESS | | | 63ST | REETA | ADDRESS | | | | |
| Ci17+\$*+7 P | | | 6 4 CIT | | | | | | |
| 14. I do heret informatic Lamian o appears | by certify that the information suppl or indicated or this ar hual report o Micer or cirector of the comperation in Block 12 or Block 13 if changes | lied with this filing does not gi ir supplemental annual report of the receiver or trustee em for its arriattachment with an | ualify for the east rue and a powered to ead a address. | exen ccur xecu | nption state rate and tha ite this repo | d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S | s. I further I effect as itatutes; a | certify that if made un nd that my i | the ider oath; that name |