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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95 0000 78014**

1. Corporation Name

JEWELRY CLUB INC.

Principal Place of Business

Mailing Address

**801 S. UNIVERSITY DR. SAME
PLANTATION, FL 33324**

3. Date Incorporated or Qualified

3a. Date of Last Report

10/11/95

2. Principal Place of Business

2a. Mailing Address

21 **801 S. UNIVERSITY DR**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **PLANTATION, FL**

28

Zip

Country

Zip

Country

24 **33324**

25

BROWARD

29

30

4. FEI Number

Applied For

65-0622458

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

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

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** **DON GOLDSTEIN** ☐ DELETE

NAME

STREET ADDRESS **8106 Hibiscus Circle**

CITY-STATE-ZIP **TAMARAC FL 33321-2133**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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43 STREET ADDRESS

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61 TITLE

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63 STREET ADDRESS

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☐ Change ☐ Addition

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***165.00**

14. I 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, or as an attachment with an address.

SIGNATURE:

(Type or print name of signing officer or director)

Date

Daytime Phone #

4/17/97 834-412-4676

CR2E034 (9/96)