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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087466** (5)

EXQUISITE JEWELRY IMPORTS, INC. Principal Place of Business Mailing Address 1170 3RD ST S UNIT E-104 1170 3RD ST S UNIT E-104 NAPLES FL 34102-7061 NAPLES FL 33940 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1995 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0621052 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BOURGEAU, DAVID C** 600 5TH AVE S SUITE 207 **B2** Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City 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 Signature, typed or printed name of registered agent and trin if applicable (NCITE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DΫ DELETE ✓ Change Addition 1.1 TITLE MAILING ADDRESS: TITLE RATHKOLB, GERALD 1.2 NAME NAME P.O. Box 447 P.O. BOX 447 13 STREET ADDRESS STREET ADDRESS ST. THOMAS , VIRGIN ISCANDS ST. THOMAS, VIRGIN ISLANDS 1.4 CITY-ST-ZIP CITY-ST-7F MAILING ADDRESS: THEF STD DELETE 2.1 TITLE Addition RATHKOLB, JENNEFER 2.2 NAME NAME N/AP.O. LOX 447 P.O. BOX 447 2.3 STREET ADDRESS STREET ADDRESS ST. THOMAS, VIRGINISLANDS OODOWY ST. THOMAS, VIRGIN ISLANDS 00804 2. 4 CITY-ST-ZIP CITY-S1-ZP Change DELETE TITLE 3.1 TITLE RATHKOLB, BELINDA 3.2 NAME 271 BROAD AVESOUTH # 204 2334 ARBUR WALK CIRCLE #1024 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL NAPLES, FL - 34102 3.4. CITY - \$1- ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-Z-P DELETE Change Addition THUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE ___ DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

14. I do hereby 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 eath; 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 Statutas; and that my name