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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096668 (5)

1. Corporation Name
KLOWN JEWEL, INC.



Principal Place of Business
15904 REDINGTON DRIVE
REDINGTON BEACH FL 33708

Mailing Address
P.O. BOX 8835
MADEIRA BEACH FL 33738-8835

1122 OAK COURT #D
DUNEDIN FL 34698

P O BOX 6885
CLEARWATER FL 34618

3. Date Incorporated or Qualified
12/22/1995

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3364945

Applied For
Not Applicable

21 1122 OAK COURT #D
Suite, Apt. #, etc.

26 P O BOX 6885
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 1122 OAK COURT #D
City & State

27 CLEARWATER FL
City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 DUNEDIN FL 34698
Zip Country

28 Zip Country

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

24 34698 25 USA

29 34618 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WOLFE, LARRY~~
~~200-A JOHN KNOX ROAD~~
~~TALLAHASSEE FL 32303-8843~~

81 Name

MVP ENTERPRISES, INC.

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

1122 OAK COURT #D

83

84 City

DUNEDIN

FL

85 Zip Code
34698

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

Victor B. Photos, pres.

1-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CHAPMAN, JEWEL J
STREET ADDRESS P.O. BOX 8835 N/A
CITY-ST-ZIP MADEIRA BEACH FL 33738

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME VICTOR PHOTOS
1.3 STREET ADDRESS P O BOX 6885 N/A
1.4 CITY-ST-ZIP CLEARWATER FL 34618 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Victor B. Photos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 813-734-1000

Date

Daytime Phone

CR2E034 (9/96)