

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

FILED  
Mar 04 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000027651 (4)

1. Corporation Name

JOY'S JEWELRY, INC.

Principal Place of Business

7500 W. COMMERCIAL BLVD  
LAUDERDALE FL 33319  
US

Mailing Address

337 NW 111 AVE  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

65-0664845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WELLENS, PAUL  
337 NW 111 AVE  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

SO YONG WELLENS

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

337 N.W. 111 AVE

83 City

CORAL SPRINGS

FL

85 Zip Code

33071

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

*So Yong Wellens*

So Yong Wellens

(NOTE: Registered Agent signature required when reinstating)

DATE 1-1-1998

12. OFFICERS AND DIRECTORS

|                |   |                  |  |
|----------------|---|------------------|--|
| TITLE          | P | WELLENS, PAUL    | <input checked="" type="checkbox"/> DELETE |
| NAME           |   | 337 N.W. 111 AVE |  |
| STREET ADDRESS |   | CORAL SPRINGS FL |  |
| CITY-ST-ZIP    |   |                  |  |

|                |    |                  |  |
|----------------|----|------------------|--|
| TITLE          | VP | WELLENS, SO YONG | <input checked="" type="checkbox"/> DELETE |
| NAME           |    | 337 NW 111 AVE   |  |
| STREET ADDRESS |    | CORAL SPRINGS FL |  |
| CITY-ST-ZIP    |    |                  |  |

|                |  |  |                                 |
|----------------|--|--|---------------------------------|
| TITLE          |  |  | <input type="checkbox"/> DELETE |
| NAME           |  |  |                                 |
| STREET ADDRESS |  |  |                                 |
| CITY-ST-ZIP    |  |  |                                 |

|                |  |  |                                 |
|----------------|--|--|---------------------------------|
| TITLE          |  |  | <input type="checkbox"/> DELETE |
| NAME           |  |  |                                 |
| STREET ADDRESS |  |  |                                 |
| CITY-ST-ZIP    |  |  |                                 |

|                |  |  |                                 |
|----------------|--|--|---------------------------------|
| TITLE          |  |  | <input type="checkbox"/> DELETE |
| NAME           |  |  |                                 |
| STREET ADDRESS |  |  |                                 |
| CITY-ST-ZIP    |  |  |                                 |

|                |  |  |                                 |
|----------------|--|--|---------------------------------|
| TITLE          |  |  | <input type="checkbox"/> DELETE |
| NAME           |  |  |                                 |
| STREET ADDRESS |  |  |                                 |
| CITY-ST-ZIP    |  |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                      |  |
|--------------------|--------------------------------------|--|
| 1.1 TITLE          | Pres.                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | So Yong Wellens                      |  |
| 1.3 STREET ADDRESS | 337 N.W. 111 Ave., Coral springs, FL |  |
| 1.4 CITY-ST-ZIP    |                                      |  |

|                    |                   |  |
|--------------------|-------------------|--|
| 2.1 TITLE          | VP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Paul Wellens      |  |
| 2.3 STREET ADDRESS | 337 N.W. 111 Ave  |  |
| 2.4 CITY-ST-ZIP    | Coral Springs, FL |  |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

*So Yong Wellens*

So Yong Wellens, Pres.

1-1-1998

CP25034 (10/97)