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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000027651** 1. Corporation Name

JOY'S JEWELRY, INC.

Principal Place of Business 7500 W. COMMERCIAL BLVD

Mailing Address

337 NW 111 AVE

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90124 009 ***150.00



LAUDERDALE FL 33319		CORAL SPRINGS FL 33071			DO NOT WRIT	E IN THIS	SPACE				
US						3. Date Incorporated or Qualifed 03/29/1996					
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Appli	ed For	
21		26				65-0664845				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6: Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23 28 Zip Zip			Country			This corporation owes the curre	nt vear Inta				
24	25 29 30					Personal Property Tax.	,	Yes]No	
	g. Name and Address of Current					10. Name and Address of New R	egistered /	∖gent			
			81	Na	me						
WELLENS, SO YONG 337 NW 111 AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)							
	L SPRINGS FL 33071		83								
	,		84	Cit				85	Zip Co	de	
					•		F <u>L</u>				
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 title if applicable. (NOTE: Registers					thus tedrined w	rhen reinstating)	DATE				
12.	OFFICERS AND		13.		- Pi -	ADDITIONS/CHANGES TO OFF	ICERS AN				
'''	P	DELETE	1.1 TITLE		PP	RESIDENT		Cha	inge	Addition	
	WELLENS, PAUL		1.2 NAME		50	YOUR WELLENS Y NW ILLANS				}	
	337 N.W. 111 AVE		1.3 STREET		ESS 33	and conjugate	22/			ļ	
	COPAL SPRINGS FL	☐ DELETE	1.4 CITY-ST	r-ZIP	_ 00	ORAL SPRINGS, FL3	30/1	☐ Cha	ange	Addition	
	VP Wellens, Paul	C) percir	2.1 THLE								
1 1	337 NW 111 AVE		2.3 STREET	ADDE	rese					}	
· .	CORAL SPRINGS FL		2.4 CITY-9					•			
CITY-ST-ZIP	OOTINE OF THREE TE	☐ DELETE	3.1 TITLE	1-21			 	Cha	inge	Addition	
NAME		_	3.2 NAME								
STREET ADDRESS			3.3 STREET	ADDR	ESS						
CITY-ST-ZIP			3.4. CITY-S	T-ZIP							
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STREET ADDRESS			4.3 STREE	ADDR	RESS]	
CITY-ST-ZIP .			4.4 CITY-S	T- ZIP							
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STREET ADORESS			5.3 STREET		ESS	•				}	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP				Cha	anne	Addition	
TITLE			6.2 NAME		Ì			ال ال	u igo		
NAME	• •		6.3 STREET	t ADDT							
STREET ADDRESS					ESS						
CITY-ST-ZIP	ere ob a state in the state ind	this filing does not qualify for th	6.4 CITY-S		tated in Se	ction 119 07/3\(i) Florida Statutes.	further cer	lify that	the inf	ormation	

indicated on this annual report or supplies with this limit goes not quality for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.