SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 18 1997 8:00am Secretary of State

DOCUMENT # P9600044250 (4) TOURNEAU JEWELERS (PALM BEACH), INC. Principal Place of Business Mailing Address 175 WORTH AVE PALM BEACH FL 33840 Mailing Address 175 WORTH AVE PALM BEACH FL 33840				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Place of Business 2a. Mailing Address					05/23/1996 4. FEI Number	X Ap	plied For
26					APAIPO FOR		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	3 8.75 A	
City & State City & State 3 28			., .		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24			Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
NATIONSCORP REGISTERED AGENTS, INC. 528 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302				Name Street Add	Address (P.O. Box Number is Not Acceptable)		
agent. In SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registered OFFICERS A	sgons and tille II applicable. (NOIE. ND DIRECTORS DELETE & Director			rporation submits this statement for the purp ation's board of directors. I hereby accept the priced when reinstelling) D ADDITIONS/CHANGES TO OFFICER	DATE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Robert J. Wexler 131 Lexington Avenue, NYC 1001 Secy., Tres. & Director Dutter David Wexler 184 Bay Drive		1.4 CiTY- 2.1 TiTLE 2.2 NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	Woodsburgh, N.Y. 11598 Director			S1-ZIP		Change	☐ Acdition
NAME STREET ADDRESS CITY+ST+ZIP	Edward J. Frishwasser			1 ADDRESS ST - ZIP			
TITLE NAME STREET ADDRESS	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS	☐ DELETE			T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE		5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE			☐ Change	Addition
CITY-ST-ZIP	by certify that the information supp	lied with this filing does not qualify	6.4 CITY- y for the ex-		ed in Section 119.07(3)(i), Florida Statutes. L	further certify that	the

qual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name lent with an address. information indicated on this annual report of Lam an officer or director of the corporation appears in Block 12 or Block 13 if changed