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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052005 (1)

BAYSIDE JEWELRY APPRAISALS, INC.

Principal Place of Business
•

FILED Apr 03 1997 8:00am Secretary of State



Principal Place of	DUSHIUSS	Mailing Address							
\$104 W DUNWOODIE STREET TAMPA FL 33629		3104 W DUNWOODIE STREET TAMPA FL 33629-5212							
						3. Date Incorporated or Qualified 06/17/1996	3a. Da	te of I	ast Report
2. Principal Place of Business 2a. Mail			ss			4. FEI Number	1		Applied For
at		26			59-338657	b_		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired Sectional Fee Required			
City & State		City & State				6. Election Campaign Financing		\$	5.00 May Be
23		28]				Trust Fund Contribution			dded to Fees
Zip	Country	Zip	 1	Country	•	8. This corporation has liability for it			nder s. 199.032,
24	25 Name and Address of Curre	[29]	[30]					No	
		nt Hegistered Agent		81	Name	10. Name and Address of New Reg	pistered A	gent	
	NANCY S			61	Manne				
3104 W DUNWOODIE STREET TAMPA FL 33629				62	Street Add	ress (P.O. Box Number is Not Acceptable)			
IAMPA I	rl 33024			83					
				84	City		FL	85	Zip Code
11 Pureuant to th	na provisions of Captions 607.05	32 and 607 1509 Florid	Ctobuton the	a obou	nomed cor	poretion or braits this statement for the n			
office or regis	tered agent, or both, in the State	of Florida. Such chang	e was author	ized by	the corpora	poration submits this statement for the pution's board of directors. I hereby accep	t the appo	intme	ent as registered
	amiliar with, and accept the obliq	jations of, Section 607.t	505, Florida S	statutes) .				
SIGNATURE Sign	ature, typed or printed name of registered ag	ent and title II applicable	(NCITE: Broads	lered And	n' signature requi	ired whon roinstating)	DATE		
12.		ID DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICE		DIRE	CTORS IN 12
TITLE D		☐ DEL	ETE 1.	1 TITLE				Cr	
NAME W	EISS, NANCY S		1.	2 NAME					• —
	04 W DUNWOODIE STREET	ı	1.	3 STREET	ADDRESS				
	MPA FL 33629		1	4 CBY-S	1 - ZIP				
TITLE		□ DEI		1 11TLE			·····	Ch	ange 🔲 Additio
NAME			2.	2 NAME					
STREET ADDRESS			2.	3 STREE I	ADDRESS				
CITY-ST-ZIP	•		2	4 City - 9	31 - ZIP				
TITLE		DCI	ETE 3.	111111				Ch	ange 🔲 Addition
NAME			3.	2 NAME					
STREET ADDRESS			3.	3 STREET	ADDRESS				
CITY-ST-ZIP			3.	4. CHY- S	1-ZIP				
TITLE		☐ DEL	ETE 4.	1 WEF				Ch	ange 🔲 Addition
NAME			4.	2 NAME					
STREET ADDRESS			4	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	I - ZIP				
TITLE		☐ DEL		1 TITLE			Ţ	Ch	ange 🔲 Additior
NAME			5.	2 NAME					
STREET ADDRESS			5.	3 STREET	ADDRESS				
CITY-ST-ZIP			5.	4 C(1) Y - S	1- ZIP				
TITLE		☐ DEt	1E 6.	1 TITLE				_ Ch	ange Addition
NAME			6.3	2 NAME					
STREET ADORESS			6.3	3 STREET	ADDRESS				
CITY-ST-ZIP			6.4	4 CITY-S	- 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 innual 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