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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1997 8:00am

Secretary of State

914-666-3366 Daylime Phone #

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # POCOCO54521

DOCUMENT # P96000054521 (5) ESTATE JEWELRY & LOAN CO. Principal Place of Business Mailing Address 2000 SE 14TH ST-2603 SE 14TH ST POMPANO BEACH FL 33082 POMPANO BEACH FL 22062-7223 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2832 65-0678061 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be aurwa 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Brown Yes No Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DILALLO, NICHOLAS ~2603-6E 14TH-9T-Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH EL 33062 STIRLING POP CHANGE City week Zip Code 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. Purchas P. Diraco. MICHOLAS
ited rame of registered agent and title it appricate (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 12 ☐ DELETE Change 1.1 TITLE THILE Nicholas NAME 1.2 NAME Dilallo STREET ADDIRESS 1.3 STREET ADDRESS Stirling Aca 1.4 CITY-ST-ZIP CITY ST ZIP Addition DELETE 2.1 TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY: ST- ZiP Change DELETE Addition Title 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZiP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE THE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY+ST-ZIP CITY - ST - 715 Addition DELETE Channe 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 if am an officer or director of the corporation or the receiver or trustee epipowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or polyar attachment with an address.