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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000061299**1. Corporation Name

LENTIN JEWELERS, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90033 005 ***150.00

Principal Plac	e of Business	Mailing Address	11	I IMMIIMMI IIM SÜNIAM OIRII MANIA KANAI MARII AAN	ild mildt tinin ithin i	ALFO INII FRA	
845 S FEDERA	•	845 S FEDERAL HWY		·		•	
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 3344		! 1					
				, DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed			
		A 44-91- A 44		07/19/1996	· · · ·	r 15	
-i	Place of Business	2a. Mailing Address		4. FEI Number		Applicable	
21 Suita Ant	# ntn	Suite, Apt. #, etc.		65-0682351	\$8.75 A	Applicable	Ť.
Suite, Apt.	#, Glo.	27		5. Certifcate of Status Desired	Fee Rec		
City & Stat	te :	City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible/		
24	25	29	30	Personal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent		
		•	81 Name				
	EN, JODI B		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	9 W PALMETTO PARK RD					W11 . 12 . 1 2	
	TE 300		83	· · · · · · · · · · · · · · · · · · ·	2.64 66 [4]		
BOC	CA RATON FL 33486		84 City	**	85 Zip C	ode	
				<u>F</u>			
44 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its r	egistered	
office or		s of Elopida. Such change was all	thorized by the corporati	ion's board of directors. I beroby accept the app			
office or i	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was au _l ations of, Section 607.0505, Flori	ithorized by the corporati ida Statutes.	ion's board of directors. I hereby accept the app	omiment as reg	istered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	ithorized by the corporati ida Statutes.		omiment as reg	istered .	
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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, with all other like empowered.

SIGNATURE: