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

08-17-1999 90001 005 \*\*\*150.00

Mailing Address

OAKWOOD PLAZA

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2910 OAKWOOD BOULEVARD. SUITE 5A-6A

**DOCUMENT #** P96000078847

L & J JEWELERS, INC.

2910 OAKWOOD BOULEVARD. SUITE 5A-6A

Principal Place of Business

SIGNATURE: >

OAKWOOD PLAZA

HOLLYWOOD FL 33020				HOLLYWOOD FL 33020						DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified 09/23/1996				
2. Principal Pl	lace of Busine	ess		2a. Mailing Address						4. FEI Number 65-0607729	_ <del>}</del>	Applied For		
21 26										65-0697728		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27										5. Certificate of Status Desired	\$8.75 Additional			
City & State         City & State           23         28										6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	· -		Zip	Cou	intrv			8. This corporation owes the current year		10 10 1 000		
24							30			Intangible Personal Property. Yes No				
		and Address of			ered Agent	11	Γ			10. Name and Address of New Registered A	gent			
							81	Name						
COHEN, LAWRENCE							82 Street Address (P.O			ss (P.O. Box Number is Not Acceptable)				
2910 OAKWOOD BLVD							Officer Address (1.0. Box Hamber is Not Acceptable)							
HOLLYWOOD FL 33020							83							
							84	City		FI	85 Zi	p Code		
11. Pursuant	to the provisi	ons of sections 6	607.0502 ar	nd 607	1508, Florida Statute	es, the at	ove-	named co	rpora	ition submits this statement for the purpose of cha	nging its	registered		
office or r	registered age am familiar wi	ent, or both, in th th. and accept th	ne State of ne obligatio	Florida ns of.	a. Such change was a section 607.0505, Flo	authorize orida Sta	d by tutes	the corpo	ration	n's board of directors. I hereby accept the appoint	ment as	registered		
SIGNATURE .		m, and dodopt a	·	,										
SIGNATURE	Signature, typed o	or printed name of regis	stered agent an	d title if a	applicable. (No	OTE: Registe	ered A	gent signatur	e require	ed when reinstating) DATE				
12.		OFFICE	ERS AND [	DIREC	TORS	13.				ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12		
TITLE	PD DELETE						1.1 TITLE				_ Change	e Addition		
NAME	COHEN, LAWRENCE						1.2 NAME							
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·						1.3 STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL						1.4 CITY-ST-ZIP							
TITLE	STD				DELETE	2.1 Ti	TLE				Change	e 🔲 Addition		
NAME	COHEN, JOAN						2.2 NAME							
STREET ADDRESS	2910 OAKWOOD BOULEVARD, SUITE 5A-6A						2.3 STREET ADDRESS							
CITY-ST-ZIP	HOLLYWO	<u> </u>				2.4 C	TY:ST	ZIP						
TITLE			ı		DELETE	3.1 TI	TLE			· · [	Chang	e CAddition		
NAME			•			3.2 N	ME.							
STREET ADDRESS						3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP						3.4 C	TY-ST	-ZIP						
TITLE					DELETE	4.1 TI	TLΈ				Change	e 🔲 Addition		
NAME						4.2 N	ME	ł						
STREET ADDRESS						4.3 \$1	REET	ADDRESS						
CITY-ST-ZIP						4.4 C	TY-ST	-ZIP				· <u></u>		
TITLE					DELETE	5.1 TI	TLE	ļ			Change	e 🔲 Addition		
NAME						5.2 N	ME	į.						
STREET ADDRESS					,	5.3 ST	REET	ADORESS						
CITY-ST-ZIP						5.4 C	TY-ST	-ZIP						
TITLE					DELETE	6.1 TI	TLE				Change	e Addition		
NAME					<del>.</del>	6.2 N	ME	ļ			·			
STREET ADDRESS						6.3 S1	REET	ADDRESS						
CITY-ST-ZIP						6.4 CI	TY-ST	-ZIP						
indicated o an officer of	on this annual or director of t	report or supple	emental and or the receiv	nual re ver or	port is true and accu- trustee empowered to	rate and	that	my signat	lure st	on 119.07(3)(i), Florida Statutes. I further certify th hall have the same legal effect as if made under kired by Chapter 607, Florida Statutes; and that n	oath; tha ny name	atlam		

920-0880

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