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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080540 (3)

DAN-LO JEWELERS, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address Principal Place of Business 215 WEST BRANDON BLVD. 215 WEST BRANDON BLVD. BRANDON FL 33511 BRANDON FL 33511 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3403834 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5,00 May Be City & State City & State 6. Election Campaign Financing dded to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the curre year Intangible V Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HAN, KWANG S 215 WEST BRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TO LE TITLE HAN, KWANG S 1.2 NAME NAME 215 WEST BRANDON BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE ___ Change 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change Addition ☐ DELETE 4.1 THILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

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6.3 STREET ADDRESS

6.4 C(TY-ST-Z)P

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 mame appears in Block 12 or Block 13 if changed on an attachment with an address. 90

FILED

Jan 30 1998 8:00am

Secretary of State