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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089183 (3)

FILED
Apr 30 1998 8:00am
Secretary of State

Principal Place	OOD JEWELERS, INC. The of Business OOD BLVD.	Mailing Address 2910 OAKWOOD BLVD. SUITE 8			
HOLLYWOOL) FL 33020	HOLLYWOOD FL 33020		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a, Mailing Address		10/30/1996 4. Fet Number	Applied For
21	lace of Business	26		65-0704099	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Current	29 3	0	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
QE.	ETTON, HELAINE	Lighter and Whalit	B1 Name	IV. Hattie and Address of New Degisters	n vigent
Sena AL SONIO AVENUE					
	OLLYWOOD FL 33021		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
•••	30211100011100021		83		
			64 00		Table 5. A. J.
		4,	84 City	F	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obliga	and 607.1508, Florida Statutes, of Florida Such change was aut tions of, Section 607.0505, Florid	, the above-named corp horized by the corporat da Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered in pointment as registered
	Signature, typed or printed name of registered agen		legistered Agent signature requir		
12.	OFFICERS AND PVPD	DELETE	13. 1.1 THLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SETTON, HELAINE	- Descrit	1.2 NAME		C Change C Addition
STREET ADDRESS	3600 NORTH 32ND AVENUE		1.3 STREET ADDRESS		,
CITY-ST-ZIP	HOLLYWOOD FL 33312		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		-
STREET ADDRESS		1	2.3 STREET ADDRESS		ľ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS]
CITY-ST-ZIP		Donere	3.4. CITY-ST-ZIP		Change Dadge
TITLE		☐ DELETE	4.1 717\.E		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for t	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 appress.

CICNATURE.

4-24-93

(0x11162x 416