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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600097357

1. Corporation Name

ART DESIGN IEWELERS INC

Principal Place of Business	
9225 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90147 025 \*\*\*150.00

ANT DEC	JIGH VEWLEEIIO INO.			.,				
Principal Place	e of Business	Mailing	Address				I (Balide) (18 14116 Still Ball) sells sells sells sells	•••
9225 W. ATLANTIC BLVD. 9225 W. ATLANTIC BLVD.								
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	
							11/27/1996	
a Principal P	lace of Business	2a. Mai	ling Address	<del></del>			4. FEI Number Applied For	
	lace of Basiness	26					65-0721746 Not Applica	ble
Suite, Apt.	# etc		e, Apt. #, etc.				\$8.75 Additiona	,
22	,	27					5. Certificate of Status Desired Fee Required	
City & Stat	te		& State			<del></del>	6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip			itry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of Curr	ent Registere	d Agent		,		10. Name and Address of New Registered Agent	
				1	81	Name		
	ork george Alexanian				82	Street Ar	Address (P.O. Box Number is Not Acceptable)	
	7 NW 95TH AVENUE							
COR	AL SPRINGS FL 33065			[1	83		<del></del>	
				<u> </u>	84	City	85 Zip Code	-
						•	FL	
office or r	to the provisions of Sections 607.0: registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. S	uch change was au	thonzed	DV I	tne comora	corporation submits this statement for the purpose of changing its registers oration's board of directors. I hereby accept the appointment as registered	ea
SIGNATORE	Signature, typed or printed name of registered a	gent and title if apply	cable (NOTE:	Registered A	gent	t signature requ	equired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTO		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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NAME	ALEXANIAN, GEORGE		1.2 NA				23/1/000 13 1	- 1
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CITY-ST-ZIP 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #