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 # **P97000008451**1. Corporation Name

JEWELS BY ROBERT, INC.

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90225 046 ***150.00



					<u> </u>		
Principal Place	e of Business	Mailing Address					
36 N.E. 1ST S1	Г	602 FREEDOM CT					
SUITE 601		DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33132 US		US			3. Date Incorporated or Qualified		
uə					01/29/1997		
2. Principal Place of Business 2a. Mailing Address			. <u>-</u>		4. FEI Number	┝┷┷	oplied For
21		26			65-0720928		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					E Codificate of Statue Desired		Additional ~ equired
22		27					
City & Stat	e	City & State					May Be to Fees
23		28	Count				IO Fees
Zip 	Country	Zip 36	_	У	8. This corporation owes the current year Intangib Personal Property Tax.		□No
24	9. Name and Address of Curre		<u>'</u>		10. Name and Address of New Registered Agen		
	3. Name and Address of Curre	ur veðistslan vðaur	8	1 Name	io. Hanna and Lane and all those the Breathan Library		
WAW	(NINE, ROBERT				Idress (P.O. Box Number is Not Acceptable)		
	FREEDOM CT		8	2 Street Add			
	RFIELD BEACH FL 33442		8	3			
566			[
			8	4 City	FL 85	Zip	Code
44 5	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	00 CO7 4E09 Elegida Statutos	the obe	vo named corr	poration submits this statement for the purpose of chan	aina its	registered
office or o	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auth	iorized b	v the corporati	on's board of directors. I hereby accept the appointment	nt as re	egistered
SIGNATURE					ad when reinstating) DATE		
40	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: Re ND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DI	RECT	ORS IN 12
12.		DELETE	1.1 TITLE			Change	Addition
TITLE	PD MAKAHME DODERT		1.2 NAME		_	•	
NAME	WAKNINE, ROBERT		B .	ET ADORESS			
STREET ADDRESS			1.4 CITY				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	☐ DELETE	2.1 TITLE			Change	Addition
TITLE		<u> </u>	2.2 NAMI	ì			
NAME			Ŀ				
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NAMÉ			3.2 NAM	İ			
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NAME)		4. 2 NAM				
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NAME	{		5.2 NAM	1	· ·		
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CITY-ST-ZIP			54 CITY			Cha	
TITLE	1	☐ DELETÉ	6.1 TITLE		Ц	Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 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:

CR2E034 (11/98)