

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90270 042 ***150.00

DOCUMENT # P97000042125

1. Corporation Name

LINELLE BURACK FINE JEWELRY INCORPORATED

Principal Place of Business

**110 EAST FIFTH AVENUE
MT DORA FL 32757**

Mailing Address

**110 EAST FIFTH AVENUE
MT DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

59-3445415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 **450 NORTH DONNELLY ST.**

2a. Mailing Address

26 **450 NORTH DONNELLY ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **MOUNT DORA FLORIDA**

City & State

28 **MOUNT DORA FLORIDA**

Zip

Country

24 **32757**

25 **LAKE**

Zip

Country

29 **32757**

30 **LAKE**

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD #211
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BURACK, LINELLE R**
STREET ADDRESS **110 EAST FIFTH AVENUE**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **FRANCIS M. LYNCH**
1.3 STREET ADDRESS **P.O. BOX 408 1704 NORMANDY DR.**
1.4 CITY-ST-ZIP **MOUNT DORA, FLORIDA 32756**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **LINELLE R. LYNCH**
2.3 STREET ADDRESS **P.O. BOX 408 1704 NORMANDY DR**
2.4 CITY-ST-ZIP **MOUNT DORA, FLORIDA 32756**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 352-383-1883

CR2E034 (11/98)

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