

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

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

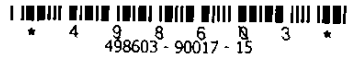
05-06-1999 90017 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000042652** ✓  
 1. Corporation Name  
**Ocala Com & Jewelry, Inc.**



Principal Place of Business Mailing Address  
**3423 N.E SILVER Springs Blvd. Suite 2**  
**OCALA, FL. 34470**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>3423 N.E S.S. Blvd.</b>	26 <b>3423 N.E S.S. Blvd</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
22 <b>Suite 2</b>	27 <b>Suite 1</b>
City & State	City & State
23 <b>OCALA, FLORIDA</b>	28 <b>OCALA, FL.</b>
Zip Country	Zip Country
24 <b>34470 U.S.A</b>	29 <b>34470 U.S.A</b>

3. Date Incorporated or Qualified  
**5-13-97**

4. FEI Number Applied For  
**59-3446112** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**UNSURE! Originally (new address)**  
**Daniel Hicks Attorney**  
**421 S. Pine Av Ocala**  
**FLORIDA**

10. Name and Address of New Registered Agent

81 Name **THERESA J. BARBERA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3423 N.E S.S. Blvd Suite 1**

83

84 City **OCALA** FL 85 Zip Code **34470**

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 **Theresa Jean Barbera** DATE **4/22/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>Michael A. BARBERA</b>	
STREET ADDRESS	<b>3423 N.E S.S. Blvd. Suite 1</b>	
CITY-ST-ZIP	<b>OCALA, FL. 34470</b>	
TITLE	<b>Secretary - Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Theresa J. BARBERA</b>	
STREET ADDRESS	<b>3423 N.E S.S. Blvd. Suite 1</b>	
CITY-ST-ZIP	<b>OCALA, FL. 34470</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Michael A. BARBERA</b>	
1.3 STREET ADDRESS	<b>3423 N.E S.S. Blvd Suite 1</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL. 34470</b>	
2.1 TITLE	<b>Secretary - Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Theresa J. Barbera</b>	
2.3 STREET ADDRESS	<b>3423 N.E S.S. Blvd. Suite 1</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FL. 34470</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Theresa Jean Barbera** Theresa Jean Barbera 4/22/99 352-732-8442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lay the Phone #

CR2E034 (10/97)