

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90007 025 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000055738

1. Corporation Name  
ANTIQUE JEWELS BY PAULA, INC.



Principal Place of Business  
3610 N. 52ND AVE.  
HOLLYWOOD FL 33021

Mailing Address  
3610 N. 52ND AVE.  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/24/1997

4. FEI Number  
65-0443094

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  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
SCHIMMEL, STEVEN  
3610 N. 52ND AVE.  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SCHIMMEL, PAULA	3610 N. 52ND AVE.	HOLLYWOOD FL 33021	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4		
2.1	2.2	2.3	2.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	3.2	3.3	3.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1	4.2	4.3	4.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1	5.2	5.3	5.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Paula K. Schimmel - PAULA K. SCHIMMEL 4/25/99 (954) 926-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)