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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000068633 (1)

RIVERPLACE JEWELERS, INC.

## **FILED** Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			- 1 18811861 IIIN 1910 ibeut beut Abert Abert Abert Abert Abert Abert	GINET LETTE ELIGE TURE UST INCH	
1301 RIVERPLACE BOULEVARD JACKSONVILLE FL 32207		1301 RIVERPLACE BOULEVARD JACKSONVILLE FL 32207		DO NOT MIDITE IN THE	IC CDACE
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 08/07/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3465333	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			5, Certificate of Status Desired	Fee Required
City & State	City & State			6, Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Zip Country		8. This corporation owes or has paid the d	
24 25	29	30		Personal Property Tax due June 30.	Yes No
g, Name and Address of Curr	rent Registered Agent		04   1	10. Name and Address of New Registere	d Agent
ABOOD, NORMAN J		İ	81 Name		
1015 BLACKSTONE BUILDING			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
233 E. BAY STREET		-	83		
JACKSONVILLE FL 32202			<sup>65</sup>		
		Ī	84 City	F	85 Zip Code
11 Pursuant to the provisions of Sections 607.0	502 and 60 15/8 Florida Statut	es the ab	ove-pamed corp		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Staggent, I am families with, and accept the of	ate of florida Such change was	authorized	by the corporat	ion's board of directors. I hereby accept the a	ppointment as registered
1//(45140111	ilgations of Section (g)7.0505, Fr	orioa Siail	nes.	コル	76 98
SIGNATURE Synature spect of protect name of agreement	agonyon title if applicable (NO)	E: Registered	Agent signature requir	ed when reinstating) DATE	101 12
12. OF JEERS	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE President	DELETE	ETE 1.1 TITLE			Change Addition
NAME Linda L. Li Bra	ndu	1.2 NA/	ME		
STREET ADDRESS 6316 Curley Ct.		1.3 STF	EET ADDRESS		\[\[\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP JOHL, FL 32	216		Y-ST-ZIP		
Sec Treas.	DELETE DELETE	2.1 1111	l l		Change Addition
Kohn V. Li Bran	di	2.2 NA			ľ
STREET ADDRESS 6316 Curley CT.		4	EET ADDRESS		\ \
TITLE ST-ZIP -VAX, FC 3.23	DELETE DELETE	2. 4 CiT	Y-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE	better	3.2 NA	i		- Cumido Hodillou
NAME STREET ADDRESS			EET ADDRESS		
1			Y-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	4.1 TOTA			Change Addition
NAME	<del>-</del> *	4. 2 NA			
STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		ļ.
TITLE	DELETE	5.1 TITL			Change Addition
NAME		5.2 NAM	ME		j
STREET ADDRESS		5.3 STR	EET ADDRESS		
CITY-ST-ZIP	_	5.4 CIT	Y-ST-ZIP		
TITLE	DELETE	6.1 TITL	.E		Change Addition
NAME		6.2 NAM	AE		
STREET ADDRESS		6.3 STR	EET ADDRESS		
CITY-ST-ZIP		6.4 CIT	r-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.

Maglas CON1298