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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Mar 27 1998 8:00am Secretary of State

1. Corporatio	MEN I # P970(IEWELLS INTERNATIONAL)	00084371 (8 , INC.	3)	
Principal Plac	e of Business	Mailing Address	——————————————————————————————————————	I LOURIOUF IND 1966A ROOM OORM OORM CORN COMM COMM COUNT FORM COURS AND AND AND AND AND AND AND AND AND A
10975 NW 12TH DRIVE 10975 NW 12TH DRIVE			it	
	RINGS FL 33071	CORAL SPRINGS FL 33071		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
6 Dringing D	Ness of Dusiness	B. Mailing Address		09/30/1997
2. Principal Place of Business		2a, Mailing Address		4. FEI Number Applied For Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #. etc.		\$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		10, Name and Address of New Registered Agent
S	STONE, ROBERT		81 Name	
	0975 NW 12TH DRIVE		82 Street Add	tress (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33071				
			83	
			84 City	85 Zip Code
				FL
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, F	s authorized by the corpora Florida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed came of registered as	· · · · · · · · · · · · · · · · · · ·	DTE: Registered Agent signature requi	
12.	, , , , , ,	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PTD Stone, robert	LJ DELCTE	1.1 TITLE	£ crailde
	10975 NW 12TH DRIVE		1.2 NAME	
STREET ADORESS	CORAL SPRINGS FL 3307	4	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SVD SVD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	STONE, ELIZABETH	C) victic	2.2 NAME	C of the figure of the state of
STREET ADDRESS	10975 NW 12TH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 3307	1	2. 4 CITY-ST-ZIP	
TITLE	4 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	·
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	i
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	_		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		Michigan delication of the control o	6.4 CITY-ST-ZIP	0-4/- 40 07/0/0 Finds Orbits 1/ 3
14. I nereby o	certify that the information supplied y on this engual report or supplement	with this filling does not qualify tal annual report is true and ac	tor the exemption stated in curate and that my signatu	Section 119.07(3)(i), Florida Statutes. I further certify that the information ure 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 Block 12 or Block 13 if changed, or on an attachment with an address. tutes; and that my name appears in

SIGNATURE: