

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90077 025 ***158.75

DOCUMENT # P97000099142

1. Corporation Name

DOMINIQUE JEWELERS, INC.

Principal Place of Business

2266 WESTON RD
WESTON FL 33326
US

Mailing Address

2929 E COMMERCIAL BLVD SUITE 605
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number
65-0797472

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDISON, GEORGE S ESQ
2929 E COMMERCIAL BLVD SUITE 605
FT. LAUDERDALE FL 33308

81 Name

LISA COPPOLA

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

2266 WESTON RD

83

84 City

WESTON

FL

85 Zip Code
33326

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

Lisa Coppola

LISA COPPOLA DA.

Lisa Coppola

4-19-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

COPPOLA, LISA M

STREET ADDRESS

2929 E COMMERCIAL BLVD SUITE 605

CITY-ST-ZIP

FT. LAUDERDALE FL 33308

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

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CITY-ST-ZIP

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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

D. S.

☐ Change

☒ Addition

1.2 NAME

COPPOLA, LISA M

1.3 STREET ADDRESS

2929 E COMMERCIAL BLVD SUITE 605

1.4 CITY-ST-ZIP

FT. LAUDERDALE, FL 33308

2.1 TITLE

P.

☐ Change

☒ Addition

2.2 NAME

COPPOLA, ANTHONY

2.3 STREET ADDRESS

2266 WESTON ROAD

2.4 CITY-ST-ZIP

WESTON, FLORIDA 33326

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:

Anthony Coppola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

Daytime Phone #

CR2F034 (1/98)