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

P97000103484 (6) DOCUMENT #

ELEGANT JEWELRY & PAWN, INC.

Principal Place of Business

Mailing Address

629 F CAPE CORAL PARKWAY

629 E CAPE CORAL PARKWAY

FILED Jun 22 1998 8:00am Secretary of State



CAPE CORAL FL 33904	CAPE CORAL FL 33904		DO NOT WOLTE IN THE	PDACE
			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	STALE
			12/08/1997	
2. Principal Place of Business	2a. Mailing Address,	-2 -2	4. FEI Number	Applied For
2. Principal Place of Business 21 CAPE CORALPKING	26 629 E CAPE	Casa TKWY	65-0798592	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	,	6. Election Campaign Financing	\$5.00 May Be
CHPE CORN, Fr	28 CAPE COR	ALTE.	Trust Fund Contribution	Added to Fees
24 33 204 Country LEE.	28 City & State Corp. 740, 740, 334,04 3	Country O LIER	This corporation owes or has paid the corporation owes or has paid the corporation and Property Tax due June 30.	urrent year Intangible Yes Vo
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
THOMPSON, PATRICIA J		81 Name		
629 E CAPE CORAL PARKWAY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904				
		83		•
		84 City	F1	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and CO7 1509. Florida Ptatutea	45.050.000.000	F	
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligate	l Florida. Such change was au	lhorized by the corporati	ion's board of directors. I hereby accept the ap	or changing its registered pointment as registered
SIGNATURF				
Signature Typest or profed same of registered agent	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature require		
TITLE 972 ESTENT	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 Change Addition
NAME PATRICIN J. THON	7525	1.2 NAME		C blange C Addition
CTREET ADDRESS 204 BAY SHELLE		1.3 STREET ADDRESS		
CITY-ST-ZIP CAPPE CUIPL FE.	33804	1.4 CITY - \$1 - ZIP		
TITLE TRIENSUS BIL	DELETE	2 1 10TLF		Change Addition
POSOLET THOMP	SON	2.2 NAME		_ • _
EXPERT APPROVED 304 BAY SHOPLINE		2.3 STREET ADDRESS		
CITY-ST-ZIP GAPTE CEORDS FE.	33404	2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-ZIP		3.4. CITY+ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREE1 ADDRESS	√	0///25
CITY-ST-ZIP		4.4 CITY - ST - ZIP	/	14/02
TITLE	L DELETE	5.1 TOLE	, ,	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	والمعاري والمعاري المناصور والمعرى والمعرى والمعرى والمعرى والمعرى والمعرى والمعرى والمعرى والمعرى	
CITY-ST-ZIP	Design	5.4 CITY-SI - ZIP		
TITLE	DELETE	6.1 TITLE	-06/22/38010950	Change L Addition
NAME		6.2 NAME	*** 150.00	
STREET ADDRESS		6.3 STHEET ADDRESS		
CITY-SI-ZIP		6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further c	

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 any address.