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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90065 047 \*\*\*150.00

1999

DOCU	MENT #P98000	017526				
•.	EURO JIWELRY	DISTRIBUTORS, I	THE.			
	ce of Business	Mailing Address		-		
1619-2	Red Ceder Dr	1619-2 Red Co	de Dr.	•		
r 1 11.	es Florior	Fort Myers ,		, DO NOT	NOITE IN THIS COACE	-
HOLF JUS	est if comes	Last Judice 1	-6.	3. Date Incorporated or Quali	VRITE IN THIS SPACE	:
33907	2	33907		5. Date moniporated of Coam	160	
2. Principal f	Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number		Applied For
21 1217	Cape Coral Plum E.	26 1217 Can (	col Pky. E.	65-08931	74	Not Applicable
:		Suite, Apt. #, etc.		5. Certificate of Status Desire	a ii	75 Additional
	_ 137	27 Suite 135	7	5. Octambate of Classes Desire	Fe	e Required
City & Sta	, , , , , , , , , , , , , , , , , , ,	City & State	C.	Election Campaign Finance	-	.00 May Be
23 C CAR_	Carl PL.	28 Cape Coral	Country	Trust Fund Contribution	Ad	ded to Fees
24 339	Country	29 33904	<del></del>	8. This corporation owes the	current year Intangible Yes ∏	_ □No
24 017	9. Name and Address of Curren		30 USA	Personal Property Tax.  10. Name and Address of Ne		
			81 Name	10. Italia Bia 2001033 01 Ite	W Registered Agent	
	RRIV R. SCHUTT, ES	ra.				
Sui	te C		82 Street Add	dress (P.O. Box Number is Not Acc	eptable)	
1/1	05 CARS Cont Play.	٤.	83			
			24 00			
C41	PE CORAL, FLORIDO	33904	84 City		FL  85	Zip Code
					the much as a Calculation	
		2 and 607.1508, Florida Statute				
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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 chapted, or an an attachment with an address, with all other like empowered.

SIGNATURE:

DARRIS R. SCHOOT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

1/25/44 941/540.7007