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ANN	IUAL REPORT			y of State	99 FEB - 9 PM	12: 05
	1999	The state of the s	DIVISION OF C	CORPORATIONS		
DOCU 1. Corporati	JMENT # P	980000	3555		SECRETARY OF TALLAHASSEE, F	LORIDA
	- 11	<b>T</b>	_			
	Jewels by	y Janis,	Lnc.			
•	2 Vickers	_	g Address	506 Doris Dr.		
				LAHASSEE, FL	DO NOT WRITE IN THI	S SPACE
TAL	lahassee,	FL 32303	•)	32303	- · · · · · · · · · · · · · · · · · · ·	-98
2. Principal	Place of Business	2a. Ma	ailing Address		4. FEI Number	Applied For Not Applicable
Suite, Api	t. #, etc.	Su	ite, Apt #, etc		Certificate of Status Desired	\$8.75 Additional
City & Sta	ate		y & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country 25	Z <sub>I</sub> ;	r	Country 30	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	ntangible []Yes []No
	9. Name and Addres	s of Current Registere		301	10. Name and Address of New Registered	
MA	frtha Jum	gnuille		81 Name		
39	306 Doris	DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ALLAHASSE		1.3	83		
1	ALLANIT 35 C	E, FC JUSC	<i>'</i>	84 City		85 Zip Code
44 0	it to the are delegated from					20 2000
office or	it to the provisions of Section		509 Florida Stabile	the above named ears	estation cultivate this statement for the pursue	_
-9	registered agent, or both, am familiar with, and acce	in the State of Florida. \$	Such change was au	ithorized by the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its registered intment as registered
SIGNATURE	am familiar with, and acce	in the State of Florida. \$	Such change was au	ithorized by the corporation	oration submits this statement for the purpose o on's board of directors. Thereby accept the appo	f changing its registered introduction as registered
SIGNATURE	am familiar with, and acce	in the State of Florida. Spt the obligations of, Se of registered agent and the if app	Such change was au ction 607.0505, Flor make (Nott	Athorized by the corporation of Statutes  Registered Agent squature require	on's board of directors. Thereby accept the appointment of the property of the	ointment as registered
12.	am familiar with, and acce Signature, typed or printed name of	in the State of Florida. S pt the obligations of, Se	Such change was au ction 607.0505, Flor make (Nott	rthorized by the corporation of the statutes	on's board of directors. I hereby accept the appo	ointmont as registered  ND DIRECTORS IN 12
	am familiar with, and acce Signature, typed or printed name of PRESIDENT NARTHA JU	in the State of Florida. Sept the obligations of, Sept the obligations of, Sept and the if any FICERS AND DIRECTORY.	Such change was action 607.0505, Flor lication (NOTE)	othorized by the corporation of Statutes  Registered Agent squares require  13.	on's board of directors. Thereby accept the appointment of the property of the	ointmont as registered  ND DIRECTORS IN 12
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TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE	am familiar with, and acce  Signature, typed or printed name of OF  PRESIDENT  NARTHA JU  3506 DORUS  TALLASSEE, F  VICE-PRESID  MARTHA JUI  SECRETARY  MARTHA JUI  TREASURER  MARTHA JUI  S  S  TREASURER  MARTHA JUI  S  S  S  S  S  S  S  S  S  S  S  S  S	in the State of Florida. Spt the obligations of, Se of registered agent and the off agent FICERS AND DIRECTO MONVILLE DRIVE L 32303 DENT MONVILLE MONVILLE MONVILLE MONVILLE	Couch change was action 607.0505, Flor  Change was action 607.0505, Flor  (NOTE)  (NOT	thorized by the corporational Statutes  13.  11 THE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 THLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 THLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 THLE 4 2 NAME 4 1 STREET ADDRESS 44 CITY-ST-ZIP 51 THLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 51 THLE 53 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 51 THLE 53 STREET ADDRESS 54 CITY-ST-ZIP 51 THLE	on's board of directors. Thereby accept the appointment of the property of the	ND DIRECTORS IN 12  []Change []Addition  []Change []Addition  []Change []Addition  []Change []Addition

14. Thereby 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 iniformation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same togal effect as if made under oals; that I arrived 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:

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE OF SIGNING OFFICER OF DIRECTOR.