## 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

## DOCUMENT # P98000064161

1. Corporation Name

MAY JEWELERS, INC.

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90161 029 \*\*\*150.00

|   | vector, iiio  |                                    |                       |                |   |   |  |                           |                   |
|---|---|------------------------------------|-----------------------|----------------|---|---|--|---------------------------|-------------------|
| Principal Place   | of Business   | Mailing Address                    |                       |                |   |   | (11 <b>00</b> 3)! <b>00</b> 110 <b>0</b> |                           | † 03101 1161 1881 |
| 1479 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334  |   |                                    |                       |                |   | DO NOT WRI  | TE IN THIS                               | SDACE                     |                   |
|   |   |                                    |                       |                |   | Date Incorporated or Qualifed                         | TE IIV TI IIO                            | JI AUL                    |                   |
|   |   |                                    |                       |                |   | 07/20/1998  |  |                           |                   |
| 2 Principal Pl  | ace of Business   | 2a. Mailing Address                |                       |                | -   | 4. FEI Number   |  | T A                       | pplied For        |
| 21  | add of Dadwidge   | 26                                 |                       |                |   | 65-0853618  |  | N.                        | ot Applicable     |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                                    |                       |                |   | 5. Certifcate of Status Desired                       |  |                           | Additional        |
| 22 27   |   |                                    |                       |                | 5. Certificate of Status Desired Fee Required |   |  |                           |                   |
| City & State City & State   |   |                                    |                       |                |   | 6. Election Campaign Financing                        | П  | •                         | May Be            |
| 23  |   | 28                                 |                       |                |   | Trust Fund Contribution                               |  |                           | to Fees           |
| Zip   | Country   | Zip                                | Count                 | ry             |   | 8. This corporation owes the curr                     | ent year Inta                            | angible<br>Yes            | □No               |
| 24  | 25 29 30 30 9. Name and Address of Current Registered Agent |                                    |                       |                |   | Personal Property Tax.  10. Name and Address of New F | }enistered /                             |                           |                   |
|   | 9. Name and Address of Current                              | Registered Agent                   | 8                     | 1 Nam          | е   | 10. Name and Address of New C                         | .cgiotcica /                             | -go:N                     |                   |
| FELC  | MAN, STEVEN H   |                                    |                       |                |   |   |  |                           |                   |
| 200 S.E. 6 ST. SUITE 100E   |   |                                    |                       | 2 Stree        | et Addres                                     | ress (P.O. Box Number is Not Acceptable)              |  |                           |                   |
| FT. L   | AUDERDALE FL 33301  |                                    | 8                     | 3              |   |   |  |                           |                   |
|   |   |                                    |                       |                |   |   |  | T.:1 =                    |                   |
|   |   |                                    | 8                     | 4 City         |   |   | FL                                       | 85 Zip                    | Code              |
| 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. |   |                                    |                       |                |   |   |  | s registered<br>egistered |                   |
| SIGNATURE   | Signature, typed or printed name of registered agent        | and title if applicable. (NOTE: Re | gistered Ag           | ent signatur   | e required v                                  | when reinstating)                                     | DATE                                     |                           |                   |
| 12.   | OFFICERS AND  |                                    | 13.                   |                |   | ADDITIONS/CHANGES TO OF                               | FICERS AN                                |                           |                   |
| TITLE   | D   | ☐ DELETE                           | 1.1 TITLE             |                |   |   |  | Change                    | ☐ Addition        |
| NAME  | WOLF, STEPHEN G   |                                    | 1.2 NAME              | =              |   |   |  |                           |                   |
| STREET ADDRESS  | 1479 E. COMMERCIAL BLVD.                                    |                                    | 1.3 STRE              | ET ADDRES      | ss  |   |  |                           |                   |
| CITY-\$T-ZIP  | FT. LAUDERDALE FL 33334                                     |                                    | 1.4 CITY-             |                |   |   |  | Change                    | Addition          |
| TITLE   |   | ☐ DELETE                           | 2.1 TITLE             |                |   |   |  | [ ] Change                | L Addition        |
| NAME  |   |                                    | 2.2 NAME              |                |   |   |  |                           |                   |
| STREET ADDRESS  |   |                                    |                       | ETADORES       | is  |   |  |                           |                   |
| CITY-ST-ZIP   |   | □ DELETE                           | 2.4 CITY<br>3.1 TITLE |                | +   |   |  | Change                    | Addition          |
| TITLE   |   | C) pereie                          | 3.2 NAME              |                |   |   |  |                           | _                 |
| NAME<br>STREET ADDRESS  |   |                                    |                       | -<br>ET ADDRÉS | ss  |   |  |                           |                   |
|   |   |                                    | 3.4. CITY             |                |   |   |  |                           |                   |
| CITY-ST-ZIP<br>TITLE  |   | ☐ DELETE                           | 4.1 TITLE             |                |   |   |  | Change                    | Addition          |
| NAME  |   |                                    | 4. 2 NAM              | E              |   |   |  |                           |                   |
| STREET ADDRESS  |   |                                    | 4.3 STRE              | ET ADDRES      | ss  |   |  |                           |                   |
| CITY-ST-ZIP   |   |                                    | 4.4 CITY              | ST-ZIP         |   |   |  |                           |                   |
| TITLE   |   | ☐ DELETE                           | 5.1 TITLE             |                |   |   |  | Change                    | Addition          |
| NAME  |   |                                    | 5.2 NAM               | E              |   |   |  |                           |                   |
| STREET ADDRESS  |   |                                    | ****                  | ETADORES       | ss  |   |  |                           |                   |
| CITY-ST-ZIP   |   |                                    | 5.4 CITY-             |                |   |   |  |                           |                   |
| TITLE   |   | ☐ DELETE                           | 6.1 TITLE             |                | 1   |   |  | Change                    | ☐ Addition {      |

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 suppliemental 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 faceiver of trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if or an address, with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

☐ DELETE