

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 08/15/98: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000068710**

1. Corporation Name
A. FINKELSTEIN'S JEWELERS, INC.

Principal Place of Business
**258 S UNIVERSITY DRIVE
PLANTATION FL 33324**

Mailing Address
**258 S UNIVERSITY DRIVE
PLANTATION FL 33324**

FILED

30 AUG 17 PM 2:29

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

5 587137-90005-24



311199 90091 033 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

65-0854819

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

☐

Yes No

9. Name and Address of Current Registered Agent

**WOOD, JEFFREY S ESQ
C/O TRIPP, SCOTT
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **Alex Finkelstein** ☐ DELETE
STREET ADDRESS **258 S. UNIVERSITY DRIVE**
CITY-STATE-ZIP **PLANTATION, FL. 33324**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
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CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Redmond 8-10-99

Date

Daytime Phone #

CR2E034 (5/99)

KE