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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089560

CLIQUE-A-JEWEL, INC.

Principal Place of Business 100 SECOND AVENUE SOUTH, SUITE 704 Mailing Address

100 SECOND AVENUE SOUTH, SUITE 704 ST. PETERSBURG FL 33701

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90267 020 ***150.00



ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1998 4. FEI Number 2a. Mailing Address Apr lied For 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Act. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation owes the current year intangible Cour try Zip Country Zin Yes U∃No Persor al Property Tax. 30 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIBBS, B. GRAY Street Address (P.O. Bo) Number is Not Acceptable) 100 SECOND AVENUE SOUTH, SUITE 704 ST. PETERSBURG FL 33701 83 Zip Code 85 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, 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.

SIGNATUF:E Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT DELETE 1.1 TITLE TITI F ANDVEW S YASPARRO 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Chearwater Fl. 33761 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I heret y certify that the information supplied with this filing does not qualify fur 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 changes, or on an attactment with an address, with all other like empowered.

CR2E034 (11/98)