FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$47189

(3)

ORLANDO'S SECRET JEWELERS, INC.

Principal Place of Business

Mailing Address

1829 W STATE ROAD 434 LONGWOOD FL 32750 1829 W STATE ROAD 434 LONGWOOD FL 32750-5001

FILED Apr 28 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified	I		eport	
						04/18/1991	05/0	/1996		
	ace of Business	2a. Mailing Address			4. FFI Number		h	pplied For		
21		[26]			59-3065979			ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$ 8.75 . Fee Re	Additional equired		
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Re	
23		28				Trust Fund Contribution		Added		
Zip	Country	Zip	Co	ountry		8. This corporation has liability for	r intangible ta	Afrider s	199.032	
24	25	29	30				☐ Yes 🗹			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered Ag	ent		
BRA	VO, CARMINE M. ESQUIRE			1 18	Vame					
2957 WEST STATE ROAD 434					82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 400				82 Street Address (P.O. Box Number is Not Acceptable)						
	IGWOOD FL 32779			83						
LON	MITOUD 1 C 02/19									
				84 (City		FL	B5 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florid	da Statutes, the	above-n	amed corp	oration submits this statement for the	purpose of cl	anging it	s registered	
agent. I as	n familiar with, and accept the oblig	ations of, Section 607.	0505, Florida St	red by ir tatutes.	ie corporat	ion's board of directors. I hereby acco	opi the appoir	unent as	registereo	
SIGNATURE	Signature, typed or printed name of registered age	en and tite it applicable	(NOTE: Registe	red Apent s	ionature requir	ed when reinstating)	DATE			
12.	OFFICERS AN		13		" -	ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR	IS IN 12	
TITLE	D	☐ DE	LETE 1.1	TITLE	T			Change	Addition	
NAME	REDMOND, WILLIAM		1.2	NAME						
STREET ADDRESS	442 HOMER AVENUE		13	STREET AD	ORESS					
CITY-ST-ZIP	LONGWOOD FL			I CITY-ST-7					i	
TITLE	D	DE		1171.6	"- 			Change	Addition	
NAME	REDMOND, JEANIE A.			NAME			_			
STREET ADDRESS	442 HOMER AVENUE		1	STREET AD	DRESS					
CITY-ST-ZIP	LONGWOOD FL		.	4 CITY - S1 - 2						
TITLE	201101100012	DE		TITLE				Change	Addition	
NAME				NAME						
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CITY-ST-ZIP TITLE		□ DE		CITY-ST-2	E IF			Change	Addition	
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NAME				2 NAME	00100				ļ	
STREET ADDRESS				STREET AD						
CITY-ST-ZIP		DE		CITY-ST-Z	TP			Chara	N. Jane	
TITLE		□ UŁ		THILE			L	J Change	Addition	
NAME				NAM(
STREET ADDRESS			5.3	STREET AD	DRESS					
CITY-ST-ZIP				CITY-ST-Z	IP					
TITLE		□ DE	.LETE 6.1	1016			L	Change	Addition	
NAME			6.2	NAME	Ì					
STREET ADDRESS			6.3	STREET ADI	DRESS					
CITY-ST-ZIP			64	CITY-ST-Z	IP					
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I do 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.

CIGNATURE.

Vallate / Rolling Offices

4/21/07 4/7-232-932