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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90255 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63685

1. Corporation Name
MARTHA'S JEWELRY, INC.

Principal Place of Business
**250 SOUTH OCEAN BLVD
MANALAPAN FL 33462
US**

Mailing Address
**250 S OCEAN BLVD
MANALAPAN FL 33462
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1991

4. FEI Number

06-5140139

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, JODY H.
701 US ONE
SUITE 402
N PALM BEACH FL 33408**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **VELLANO, ANTHONY SR.**
STREET ADDRESS **4105 SOUTH FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **VELLANO, Anthony SR**
1.3 STREET ADDRESS **3610 S. Ocean Blvd # 603**
1.4 CITY-ST-ZIP **S. PALM BEACH, FL 33480**

TITLE **P** ☐ DELETE
NAME **WESSINGER, MARTHA**
STREET ADDRESS **4105 S. FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **VELLANO, MARTHA**
2.3 STREET ADDRESS **3610 S. Ocean Blvd # 603**
2.4 CITY-ST-ZIP **S. PALM BEACH, FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

MARTHA VELLANO Pres. 1-22-99 561
5331125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)