

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68813

(7)

1. Corporation Name
SURFSIDE JEWELERS, INC.

Principal Place of Business
9507 HARDING AVENUE
SURFSIDE FL 33154

Mailing Address
9507 HARDING AVENUE
SURFSIDE FL 33154-2501



3. Date Incorporated or Qualified
10/06/1992

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0363114

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAROUTOUNIAN, HARRY
9507 HARDING AVENUE
SURFSIDE FL 33154

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 of registered agent, if not the corporation's officer or director, and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	PSD	<input type="checkbox"/> DELETE
NAME	HAROUTOUNIAN, HARRY	
STREET ADDRESS	9507 HARDING AVENUE	
CITY-STATE-ZIP	SURFSIDE FL	
12.2	VTD	<input type="checkbox"/> DELETE
NAME	HAROUTOUNIAN, SUSAN E.	
STREET ADDRESS	9507 HARDING AVENUE	
CITY-STATE-ZIP	SURFSIDE FL	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.6		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY-STATE-ZIP	
13.5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY-STATE-ZIP	
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY-STATE-ZIP	
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY-STATE-ZIP	
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY-STATE-ZIP	
13.21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY-STATE-ZIP	

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY HAROUTOUNIAN

Date

Daytime Phone #

03/12/97 905 861 6783

CR2E034 (9/96)