

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000092869
 1. Corporation Name

The Jewelry Collection, Inc.

Principal Place of Business: **2612 Sawgrass Mills Circle, Space 1511, Sunrise, FL 33323**
 Mailing Address: **P.O. Box 612502, N. Miami, FL 33261-2502**

| | | | |
|----|--------------------------------|----|--------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| | Suite, Apt #, etc. | | Suite, Apt #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| | Country | | Country |
| 24 | | 29 | |
| | | 30 | |

9. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

| | | |
|----|--|-----------------------|
| 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: _____ (NAME, printed and printed name of registered agent and office of agent) _____ (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------|---|--------------------------------|
| TITLE | [] DELETE | 11 TITLE | [] Change [X] ADD |
| NAME | | 12 NAME | D,P |
| STREET ADDRESS | | 13 STREET ADDRESS | Craig Blank |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | P.O. Box 612502 |
| TITLE | [] DELETE | 15 TITLE | N. Miami, FL 33261-2502 |
| NAME | | 16 NAME | |
| STREET ADDRESS | | 17 STREET ADDRESS | |
| CITY-ST-ZIP | | 18 CITY-ST-ZIP | |
| TITLE | [] DELETE | 19 TITLE | [] Change [] Address |
| NAME | | 20 NAME | |
| STREET ADDRESS | | 21 STREET ADDRESS | |
| CITY-ST-ZIP | | 22 CITY-ST-ZIP | |
| TITLE | [] DELETE | 23 TITLE | [] Change [] Address |
| NAME | | 24 NAME | |
| STREET ADDRESS | | 25 STREET ADDRESS | |
| CITY-ST-ZIP | | 26 CITY-ST-ZIP | |
| TITLE | [] DELETE | 27 TITLE | [] Change [] Address |
| NAME | | 28 NAME | |
| STREET ADDRESS | | 29 STREET ADDRESS | |
| CITY-ST-ZIP | | 30 CITY-ST-ZIP | |

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14. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.02, 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 on behalf of the corporation or director of the corporation or the receiver or trustee empowered to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with another the empowered.

SIGNATURE: **CRAIG BLANK** Feb. 18th 1999 305-987-4381

CR2E034 (1-1998)