

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # 310269 (6)
 1. Corporation Name
CHAMBERS JEWELERS, INC.



Principal Place of Business
**2500 S WASHINGTON AVE
 SUITE 32 MIRACLE CTY MALL
 TITUSVILLE FL 32780**

Mailing Address
**2500 S WASHINGTON AVE
 SUITE 32 MIRACLE CTY MALL
 TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1966

4. FEI Number
59-1153473

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 671 FRONT ST., STE. 110
 Suite, Apt. #, etc.

2a. Mailing Address
26 671 FRONT ST., STE. 110
 Suite, Apt. #, etc.

22 City & State
23 CELEBRATION, FL

24 Zip **34747** 25 Country
 27 City & State
28 CELEBRATION, FL

29 Zip **34747** 30 Country

9. Name and Address of Current Registered Agent
**GODFREY, ANN C
 2500 S WASHINGTON
 SUITE 32
 TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent
**81 Name GODFREY, ANN C.
 82 Street Address (P.O. Box Number is Not Acceptable) 671 FRONT ST., STE. 110
 83
 84 City CELEBRATION FL 85 Zip Code 34747**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GODFREY, ANN C	
STREET ADDRESS	3700 MIRIAM DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GODFREY, NATALIE A	
STREET ADDRESS	2013 S KIRKMAN RD, 62	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ DATE **1/16/98**

CR2E034 (10/97)