FILE NOW: FILING FEE AFTER MAY 1ST IS \$550	00.0
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FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 388700 (7)MARGATE JEWELERS, INC. Principal Place of Business Mailing Address 278 NO STATE ROAD 7 278 NO STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1971 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 Not Applicable 59-1428091 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Ζiρ Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COLLINS, EPHRAIM 6856 W. ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ DELETE Change Addition 1.1 TITLE TITLE PD ADELBERG, IRA NAME 1.2 NAME STREET ADDRESS 8559 NW 19TH DR 1.3 STREET ADDRESS CORAL SPRINGS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME ADELBERG, SANDRA 2.2 NAME 8559 NW 19TH DR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP _ DELETE ☐ Addition 3.1 TITLE Change ADELBERG, SANDRA 3.2 NAME 8559 NW 19TH DR 3.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption sated 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. CiTY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

SANDRA ADELBERG

1-12-98 974-4920