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

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

FILED Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)593740 HAROLD'S JEWELRY CENTER, INC. Principal Place of Business Mailing Address 2200 GLADES RD. 2200 GLADES RD. STE. #309 STE. #309 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 11/09/1978 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-1863931 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENDELSON, LEE 2200 GLADES ROAD, 309 Street Address (P.O. Box Number is Not Acceptable) C/O HAROLD'S JEWELRY CENTER, INC. 83 **BOCA RATON FL 33431** City Zip Code 85 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_flagistered Agent signature required when reinstating) Signature, typod or product rarge of registered agent and litte it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ROSENBERG, HAROLD A. 1.2 NAME NAME 2200 W. GLADES RD. #309 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DETELE Change Addition 21 TITLE MENDELSON, LEE NAME 2.2 NAME 2200 W. GLADES ROAD, 309 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 31 TITLE MALIF 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 THTLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appear report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if enanged, or of the address

61 TITLE

DELETE

Fe's 8 /2/18 Daytime Phone # 0326646

Change

Addition