

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

97 JUL 30 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H81566 (2)
1. Corporation Name
JEWELERS QUARTERS CORPORATION

Principal Place of Business 4420 LA MIRAGE PENSACOLA FL 32504	Mailing Address 4420 LA MIRAGE PENSACOLA FL 32504
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DO NOT WRITE IN THIS SPACE

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
24	29
25	30

3. Date Incorporated or Qualified 10/18/1985	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2601773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MULLEN, JAMES L.
C/O 4420 LA MIRAGE
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **100002258001-2**
-08/05/97--01051--018

84 City **FL**

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

<input type="checkbox"/> DELETE	TITLE PD	NAME MULLEN, JAMES L.	STREET ADDRESS C/O 4420 LA MIRAGE	CITY-ST-ZIP PENSACOLA FL 32504
<input type="checkbox"/> DELETE	TITLE STD	NAME MULLEN, LINDA K.	STREET ADDRESS C/O 4420 LA MIRAGE	CITY-ST-ZIP PENSACOLA FL 32504
<input type="checkbox"/> DELETE				
<input type="checkbox"/> DELETE				
<input type="checkbox"/> DELETE				
<input type="checkbox"/> DELETE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

0281

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 in an attachment with an address.

SIGNATURE: _____ **DATE:** _____

CR2E034 (4/97)