

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85653 (0)
 1. Corporation Name
PROMENADE JEWELERS, INC.



Principal Place of Business % JAMES M. HENDERSON, ESQ. ONE FINANCIAL PLAZA #2020 FT. LAUDERDALE FL 33394	Mailing Address % JAMES M. HENDERSON, ESQ. ONE FINANCIAL PLAZA #2020 FT. LAUDERDALE FL 33394
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1499 W. Palmetto Park Rd. Suite, Apt. #, etc. 22 Suite 216 City & State 23 Boca Raton, Fl Zip 24 33486		2a. Mailing Address 26 1499 W. Palmetto Park Rd. Suite, Apt. #, etc. 27 Suite 216 City & State 28 Boca Raton, Fl Zip 29 33486		3. Date Incorporated or Qualified 07/29/1987	
4. FET Number 65-0005106		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 type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

HENDERSON, JAMES M. ESQ
ONE FINANCIAL PLAZA
SUITE 2020
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name	JAMES M. HENDERSON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	1499 W. Palmetto Park Rd.
83 Suite	Suite 216
84 City	Boca Raton
85 Zip Code	FL 33486

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVIT, WALTER	
STREET ADDRESS	10051 W. CLEARY BLVD.	
CITY-ST-ZIP	PLANTATION FL - 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVIT, RENEE	
STREET ADDRESS	10051 W. CLEARY BLVD.	
CITY-ST-ZIP	PLANTATION FL -	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVIT, JAIME A	
STREET ADDRESS	10051 CLEARY BLVD.	
CITY-ST-ZIP	PLANTATION FL	
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 in the attachment with an address.

SIGNATURE

Walter Kravit

1-21-98

954 370-1800

CR2E034 (10/97)