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Jun 16 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 # **L92330** **(4)**

1. Corporation Name
THE JEWELERS WAREHOUSE, INC.

Principal Place of Business	Mailing Address
~~4257 W. KENNEDY BLVD.~~ ~~TAMPA FL 33609~~ US	~~4257 W. KENNEDY BLVD.~~ ~~TAMPA FL 33609~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4510 Brookwood DR. Suite, Apt. #, etc. 22 ~~Tampa~~ City & State 23 Tampa, FL Zip 24 33629 Country 25 US.	2a. Mailing Address 26 P.O. Box 18204 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33679-8204 Country 30 US

3. Date Incorporated or Qualified
07/24/1990

4. FEI Number
59-3025897
☐ Applied For
☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PALERMO, JAMES D.~~ ~~100 S ASHLEY DR SUITE 1255~~ ~~TAMPA FL 33602~~	81 Name: Lisa M. Castellano 82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd. 83 Suite 3200 84 City: Tampa FL 85 Zip Code: 33602

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: Lisa M. Castellano 4/28/98
Signature, Type or Print Name of Registered Agent and Date of Appointment (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☒ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~PALERMO, JAMES D~~		1.2 NAME	Diana Castellano	
STREET ADDRESS	~~100 S ASHLEY DR #1255~~		1.3 STREET ADDRESS	4510 Brookwood DR.	
CITY-ST-ZIP	~~TAMPA FL~~		1.4 CITY-ST-ZIP	Tampa, Fla. 33629	
TITLE	~~PD~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~CASTELLANO, ANTHONY~~		2.2 NAME		
STREET ADDRESS	~~4510 BROOKWOOD~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DEP. $150.00	

6/16/16

CR2E034 (10/97)

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: Diana Castellano Diana Castellano Director 4-27-98 813 284-1834