


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

FILED

May 11 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 # P94000011483 (2)

1. Corporation Name
WORLD JEWELRY CENTER, INC.

Principal Place of Business 7500 W COMMERCIAL BLVD 2206 HOLLYWOOD BLVD. LAUDERHILL FL 33319 US	Mailing Address 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1994	
4. FEI Number 65-0469184		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent FRANK, STEVE 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319		10. Name and Address of New Registered Agent 81 Name CILA Presser 82 Street Address (P.O. Box Number is Not Acceptable) 7500 W. Commercial Blvd 83 City 84 City FL 85 Zip Code 33319	
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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 607.0508, Florida Statutes.

SIGNATURE *Cila Presser* Cila Presser 4/29/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS PRESSER, CILA 5507 N.W. 107 AVE CORAL SPRINGS FL 33076	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV MOLEN, ALLEN 4931 N.W. 106 AVE. CORAL SPRINGS FL 33076	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP CHAKCHAKOV, MAGI 5341 N.W. 48 AVE CORAL SPRINGS FL 33076	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FRANK, STEVEN B 10401 NW 6 CT CORAL SPRINGS FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DT SCHICK, NANCY 10156 N.W. 48 ST. PLANTATION FL 33324	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DV SCHICK, JAMIE 2981 NOB HILL, #406 SUNRISE FL 33322	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent or trustee or 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 addendum to this report.

SIGNATURE: *Steve Frank* 4/17/98 954-749-8300

CR2E034 (10/97)