FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000023419 (2)

SAM'S JEWELRY WAREHOUSE, INC.

Frincipa Place of Business Mailing Addres 5032 E 10TH AVE 5032 E 10TH AVE TAMPA FL 33619 TAMPA FL 336				<u>-</u>			
					3. Date incorporated or Qualified 03/28/1994	3a. Date of L	'
2. Principal Place of Business		2a. Mail/kji Adoress			4. FEI Number Applied For		
Suite, Apt. #.	cate:	Suite Apt. #, etc			59-3162957		Not Applicable 8.75 Additional
22		27	****		5. Certificate of Status Desired		Fee Required
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
$Z(\zeta)$	Zip Country Zip		Country		B. This corporation has fiability or intangible tax under s 199.032, Florida Statutes		
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Y Yes No 10. Name and Address of New Registered Agent		
	5. Italiic Bild Address of Our	tent neglatered agent	81	Name	Id. Name and Address of New I	cgistoreo Ago	
SIMONIAN, SAMIK 5032 E 10TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le!	
				Googenso			
TAMPA FL	. 33619		83				
			84	City		FL 8	5 Zip Code
or registered familiar with SIGNATURE	the provisions of Sections 607.03 diagram, or both, in the State of Fig. and accept the obligations of, Signature transfer transfer to the first transfer to the first transfer transfe	lorida, Such change was authori ection 607.0505, Florida Statute	zed by the corn	oration's boa	ration submits this statement for the pur and of directors. I hereby accept the appro-	pose of changin pintment as rega	ig its registered office stered agent. I am
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE NAME	D Simonian, Samik	DELETE	1 1 TITLE 1 2 NAME			<u> </u>	nange
STRZE1 ACORESS	5032 E 10TH AVE		1.3 STAFE	ADDRESS			
Official Teach	TAMPA FL 33619		14 0017 - 5				
Ti*LE	Simonian, Samis DOLLER SOLS Plantation Key # 304		2 1 T TLE			CI	nange
NAMe ,	DIMONIAN,	N KEY # 30/1	2.2 NAME				
[]	Seconda Flat	33511	2.3 STREET 2.4 City - 5				
CC++ST-ZP2 TIPLE	Brandon, Fl. 3351)		3.1 filt	51 - ZIF			nange Addition
NAME		-	3.2 NAME			_	-
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INGE NAME		[1] peres	6 1 THLE 62 NAME			L) (I	range [] Abbilitori
STHEET ADDRESS				ADDRESS			
CITY ST ZIP			6 4 CITY - 9				

14. I do hereby certify that the information supplied with this fixing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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:

SIGNATURE AND THEE OFF PARE HAME OF SIGNING OFFICER OR DIRECTOR

14 Feb 96 (684.8957

CR2E034 (12/95)