

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

FILED

Apr 09 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT #</b> 994 00002419                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                         |  |
| <b>1. Corporation Name</b><br>Sam's Jewelry Warehouse, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>3806 Landings Way Dr.<br>Tampa, FL 33624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Mailing Address</b><br>3806 Landings Way Dr. Ste 203<br>Tampa, FL 33624                                                                                                              |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>2a. Mailing Address</b>                                                                                                                                                              |  |
| <b>21. State, Apt. #, etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>26. Suite, Apt. #, etc.</b>                                                                                                                                                          |  |
| <b>22. City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>27. City &amp; State</b>                                                                                                                                                             |  |
| <b>23. Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>28. Zip</b>                                                                                                                                                                          |  |
| <b>24. Country</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>29. Country</b>                                                                                                                                                                      |  |
| <b>25. Country</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>30. Country</b>                                                                                                                                                                      |  |
| <b>3. Date Incorporated or Qualified</b><br>3/23/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3a. Date of Last Report</b>                                                                                                                                                          |  |
| <b>4. FEI Number</b><br>59-3308124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Applied For</b><br>Not Applicable                                                                                                                                                    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                   |  |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                      |  |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                         |  |
| <b>9. Name and Address of Current Registered Agent</b><br>Samik Simonian<br>3806 Landings Way Dr. Ste 203<br>Tampa, FL 33624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>10. Name and Address of New Registered Agent</b>                                                                                                                                     |  |
| <b>81. Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>82. Street Address (P.O. Box Number is Not Acceptable)</b>                                                                                                                           |  |
| <b>83. City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>84. Zip Code</b>                                                                                                                                                                     |  |
| <b>85. State</b><br>FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>86. Zip Code</b>                                                                                                                                                                     |  |
| <b>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.</b>                                                                                                                                                               |  |                                                                                                                                                                                         |  |
| <b>SIGNATURE</b> (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                         |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                         |  |
| <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                         |  |
| <b>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 included 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. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is printed in Block 12 or Block 13 if changed, or on an attachment with an address.</b> |  |                                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                         |  |
| <b>DATE:</b> APRIL 2 - 97 (8131)<br>Date Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                         |  |

CR2E034 (9/96)