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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023419 (2)

SAM'S JEWELRY WAREHOUSE, INC.

Principal Plac	e of Business	Mailing Address		T I I DO NI BORNE I I DO CONTINUO DO CALLO DO CALLO DO CALLO DO CALLO DE CA	17000 41811 01001 14040 1841 1801
2241	EAST HILLS BO ROUSE	¥ √3806 LANDINGS WAY DR.	STE 203		
Ave		TAMPA FL 33624		DO NOT WRITE IN TH	IS SPACE
TANA.	_PL			3. Date Incorporated or Qualified	
33610				03/28/1994	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Sulte, Apt.	# elic	Suite, Apt. #, etc.	·	59-3308124	Not Applicable
22	π, σι σ.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Current		30	Personal Property Tax due June 30.	Yes No
OII.		valueten våen	81 Name	10. Name and Address of New Registere	o Agent
SIMONIAN, SAMIK 3806 LANDINGS WAY DR. STE 203					
TAMPA FL 33624			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
""	WITTE GOVE		83		
			84 City		85 Zip Code
				F	·L
l Office or r	epistered agent, or b oth, in the State of	if Florida. Such change was au	ithorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered inpointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.	,	,,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	
TATLE	P	☐ DELET e	1.1 TITLE		Change Addition
NAME	SIMONIAN, SAMIK		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624	DELETE	1.4 CITY-ST-ZIP		
NAME	ST G'EORGES, VALERIA	☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33824	LVV	2.4 CHY-ST-7IP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
\$TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME OTREET ARRESES			4. 2 NAME		
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		}
TITLE		DELETE	4.4 CHY-S1-ZIP 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	61 INLE		Change Addition
614445			■ a a		

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 receipt 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 attackment with an address.

63 STREET ADDRESS