

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 019 ***150.00

DOCUMENT # P94000023419

1. Corporation Name

SAM'S JEWELRY WAREHOUSE, INC.



Principal Place of Business

3806 LANDINGS WAY DR. STE 203
TAMPA FL 33624

Mailing Address

3806 LANDINGS WAY DR. STE 203
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

59-3308124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2241 EAST HILLSBOROUGH
Suite, Apt. #, etc.

26 3612 CYPRESS MEADOWS
Suite, Apt. #, etc.

22 City & State
23 TAMPA - FL

27 Rd.
28 TAMPA - FLORIDA

24 33610 Zip Country

29 33624 Zip Country

9. Name and Address of Current Registered Agent

SIMONIAN, SAMIK
3806 LANDINGS WAY DR. STE 203
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

SIMONIAN, SAMIK

82 Street Address (P.O. Box Number is Not Acceptable)

3612 CYPRESS MEADOWS Rd.

83

84 City
TAMPA

FL

85 Zip Code
33624

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SIMONIAN, SAMIK
STREET ADDRESS 3806 LANDINGS WAY DR. STE 203
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE ST
NAME COEORGES, VALERIA
STREET ADDRESS 3806 LANDINGS WAY DR. STE 203
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P
SIMONIAN, SAMIK

☒ Change

☐ Addition

1.2 NAME

SIMONIAN, SAMIK

1.3 STREET ADDRESS

3612 CYPRESS MEADOWS Rd

1.4 CITY-ST-ZIP

TAMPA - FL 33624

2.1 TITLE

ST

☒ Change

☐ Addition

2.2 NAME

GEORGES, VALERIA

2.3 STREET ADDRESS

3612 CYPRESS MEADOWS Rd

2.4 CITY-ST-ZIP

TAMPA - FL 33624

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/JAN/99 (813) 236-1211
Date Daytime Phone #

CR2E034 (1/98)