

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

FILED
Apr 16 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 # P94000079538 (2)

1. Corporation Name
PAYLESS JEWELRY #5, INC.



Principal Place of Business
2765 W CYPRESS CREEK ROAD
FT LAUDERDALE FL 33309

Mailing Address
2765 W CYPRESS CREEK ROAD
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2765 W CYPRESS CREEK ROAD FT LAUDERDALE FL 33309		2a. Mailing Address 2765 W CYPRESS CREEK ROAD FT LAUDERDALE FL 33309		3. Date Incorporated or Qualified 10/27/1994	
21. City & State DEERFIELD BEACH FL.		27. City & State DEERFIELD BEACH FL.		4. FEI Number 65-0527589	
22. Zip 33441		28. Zip 33441		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Country FLORIDA		29. Country FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City & State DEERFIELD BEACH FL.		25. Zip 33441		26. Country FLORIDA	
27. City & State DEERFIELD BEACH FL.		28. Zip 33441		29. Country FLORIDA	
30. City & State DEERFIELD BEACH FL.		31. Zip 33441		32. Country FLORIDA	

9. Name and Address of Current Registered Agent FARBSTEIN, DAVID R 2765 W CYPRESS CREEK ROAD FT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name ROBERT B DI MATTEA 82 Street Address (P.O. Box Number is Not Acceptable) 202 W HILLSBORO BLVD. 83 84 City DEERFIELD BEACH FL 85 Zip Code 33441	
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11. Pursuant to the provisions of Sections 607.0507 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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert B Di Mattea* ROBERT B DI MATTEA 3/2/98
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 changing, or of an attachment to an address.

SIGNATURE: *Robert B Di Mattea* 3/2/98 954-5706331

CR2E034 (10/97)