SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** BRENDA'S FINE JEWELERS, INC. Mailing Address Principal Place of Business 2937 S. FEDERAL HWY. 2937 S. FEDERAL HWY. FT. PIERCE FL 34982 FT. PIERCE FL 34982 3a. Date of Last Report 3. Date Incorporated or Qualified 03/02/1995 04/19/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0259987 26 \$8.75 Additional 21 Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 This corporation has liability for intangible tax under s 199 032 23 Country Zıp Country Yes No Zip Florida Statutes 29 30 10. Name and Address of New Registered Agent 24 25 9. Name and Address of Current Registered Agent 81 Name PFEIFFER, BRENDA Street Address (P.O. Box Number is Not Acceptable) 82 928 JACKSON WAY FT PIERCE FL 34949 83 Zip Code 85 City 84 FL 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. (NOTE: Registered Agent's gnature required when relistating) SIGNATURE Signature, typed or profed name of registers 1 agent and 60 or apportates ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6)OFFICERS AND DIRECTORS 13. Change Addition 12. 1 1 TITLE DELETE CR2E034 TITLE 1.2 NAME PFEIFFER, BRENDA NAME 13 STREET ADDRESS 928 JACKSON WAY STREET ADDRESS 1 4 CHY - ST - ZIP FT PIERCE FL Change Addition CITY-ST-ZIP 21 THILE DELETE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - \$1-ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - S1 - ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 64 CITY-ST-ZIP CITY - ST - ZIP

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