


FILED

May 08 1997 8:00am  
Secretary of State

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|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b>   |      | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |
| <b>DOCUMENT # S53509 (3)</b>   |   |  |
| <b>1. Corporation Name</b><br><b>KING SOLOMON'S JEWELS, INC.</b>   |   |  |
| <b>Principal Place of Business</b><br>8902 BELLEMEADE CIRCLE<br>ORLANDO FL 32819<br>US   |   | <b>Mailing Address</b><br>8902 BELLMEADE CIRCLE<br>ORLANDO FL 32819-4007<br>US   |
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |   | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30   |
| <b>9. Name and Address of Current Registered Agent</b>   |   |  |
| <b>HODGES, CINDY P.</b><br><b>8902 BELLEMEADE CIRCLE</b><br><b>ORLANDO FL 32819</b>  |   | 81 Name<br>82 Street Address<br>83<br>84 City  |
| <b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b> |   |  |
| <b>SIGNATURE</b> (NOTE: Registered Agent signature required)   |   |  |
| <b>12. OFFICERS AND DIRECTORS</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>VT</b><br><b>HODGES, CINDY P.</b><br><b>8217 CARAWAY DR.</b><br><b>ORLANDO FL</b>  | <input checked="" type="checkbox"/> DELETE   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>PS</b><br><b>BOHN, TRACEY P.</b><br><b>8996 HUBBARD PLACE</b><br><b>ORLANDO FL</b> | <input checked="" type="checkbox"/> DELETE   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> DELETE  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> DELETE  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> DELETE  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> DELETE  |
| <b>13.</b>   |   | <b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY - ST - ZIP</b><br><b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY - ST - ZIP</b><br><b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY - ST - ZIP</b><br><b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY - ST - ZIP</b><br><b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY - ST - ZIP</b><br><b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY - ST - ZIP</b> |
| <b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or in an attachment with an address.</b>   |   |  |
| <b>SIGNATURE:</b>  |   |  |



CR2E034 (9/96)