FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55986 (1)

1. Corporation Name
COSTUME JEWELRY WHOLESALERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5443 LIGHT HOUSE POINT FL 33074 US	PO BOX 5443 LIGHTHOUSE POINT FL 33074 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1991
3a. Date of Last Report: 02/21/1994

21	2. Principal Place of Business: 244 SW 12TH AVE	26	2a. Mailing Address: 244 SW 12TH AVE
22	Suite, Apt. #, etc: Deerfield Beach Fla	27	Suite, Apt. #, etc: Deerfield Beach
23	City & State: Florida	28	City & State: Florida
24	Zip: 33441	25	Country
29	Zip: 33441	30	Country

4. FEI Number: 65-0273004 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, LINDA 1019 SE 12 AVE DEERFIELD BCH FL 33441 Keep The Same	81 Name: Helen Rose 82 Street Address (P.O. Box Number is Not Acceptable): 244 SW 12th Ave N/A 83 84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Helen Rose (Signature type or print name of registered agent and title if applicable) Helen Rose (NOTE: Registered Agent signature required where applicable) N/A (Title) 4/22/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Pres	☐ Change ☐ Addition
NAME	MAINS, DEBBIE	12 NAME		
STREET ADDRESS	1019 SE 12 AVE	13 STREET ADDRESS		
CITY ST ZIP	DEERFIELD BCH FL	14 CITY ST ZIP		
TITLE	Secretary	21 TITLE		☐ Change ☐ Addition
NAME	Tracey Klein	22 NAME		
STREET ADDRESS	1711 NW 22nd ST	23 STREET ADDRESS		
CITY ST ZIP	Deerfield Bch Fl 33442	24 CITY ST ZIP		
TITLE	Secretary	31 TITLE		☐ Change ☐ Addition
NAME	Ann Ridley	32 NAME		
STREET ADDRESS	10703 Aqua Springs Drive	33 STREET ADDRESS		
CITY ST ZIP	Boca Raton, Fl 33428	34 CITY ST ZIP		
TITLE	President	41 TITLE		☐ Change ☐ Addition
NAME	Helen Rose	42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE	Treasurer	51 TITLE		☐ Change ☐ Addition
NAME	Cecile Locke	52 NAME		
STREET ADDRESS	251 South Cypress Rd	53 STREET ADDRESS		
CITY ST ZIP	#102 Pompano Beach 33060	54 CITY ST ZIP		
TITLE	Helen Rose (President)	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	2711 Congress Way	63 STREET ADDRESS		
CITY ST ZIP	Deerfield Bch, Fl 33073	64 CITY ST ZIP		

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)(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.

SIGNATURE: Debbie Mains Debbie Mains 4/22/95 3054229959
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0426026 FP