


FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V28875		(5)	
1. Corporation Name JOSEPH'S WHOLESALE JEWELRY OUTLET, INC.			
Principal Place of Business 5555 S.E. FEDERAL HIGHWAY STUART FL 34997		Mailing Address 5555 S.E. FEDERAL HIGHWAY STUART FL 34997-6841	
2. Principal Place of Business		2a. Mailing Address	
21 5555 SE Fed Hwy		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Stuart FL		27	
City & State		City & State	
23		28	
Zip		Zip	
24 34997		29	
Country		Country	
25 USA		30	
9. Name and Address of Current Registered Agent			
ROY, DAVID R. 8795 W. MCNAB ROAD TAMARAC FL 33321			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
OFFICERS AND DIRECTORS			
12.		13.	
TITLE	P	<input type="checkbox"/> DELETE	
NAME	NAPOLI, JOSEPH	1.1 TITLE	
STREET ADDRESS	5555 S.E. FEDERAL HWY.	1.2 NAME	
CITY - ST - ZIP	STUART FL	1.3 STREET ADDRESS	
TITLE		1.4 CITY - ST - ZIP	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____			
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



3. Date Incorporated or Qualified 04/13/1992		3a. Date of Last Report 04/26/1996			
4. FEI Number 65-0333420		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Name and Address of New Registered Agent					
ss (P.O. Box Number is Not Acceptable)					
FL		85	Zip Code		

CR2E034 (9/96)

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